2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709479

Apr 13, 2009 Secretary of State

Entity Name: REDEEMER EVANGELICAL LUTHERAN CHURCH OF MERRITT ISLAND, FLORIDA, INC. **Current Principal Place of Business: New Principal Place of Business:** 560 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952 **Current Mailing Address: New Mailing Address:** 560 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952 FEI Number: 59-1501549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAY, DAVID WICHMANN, LEON 861 YÓRKTOWNE DR 992 CHASE HAMMOCK ROAD MERRITT ISLAND, FL 329537703 US ROCKLEDGE, FL 329558165 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: LEON WICHMANN 04/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JOHNSON, CHARLIE Name: 929 OSPREY LANE Address: ROCKLEDGE, FL 329556402 City-St-Zip: SD Title: () Change () Addition

MERRITT ISLAND, FL 32953

City-St-Zip:

Name: Address: City-St-Zip: Title: () Delete Name: BAIRD, BOB Name: Address: 5100 WILDWOOD AVENUE Address: City-St-Zip: MERRITT ISLAND, FL 329537515 City-St-Zip: Title: () Delete Title: (X) Change () Addition VARNUM, BRUCE VARNUM, BRUCE Name: Name: 1904 JACQUES DR Address: Address: 5540 PINE STREET City-St-Zip: MELBOURNE, FL 329406803 City-St-Zip: COCOA, FL 329272028 Title: PD () Delete Title: () Change () Addition WICHMANN, LEON Name: Name: 992 CHASE HAMMOCK RD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: BRUCE VARNUM **TRES** 04/13/2009