


FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711174 (3)

1. Corporation Name
REDEEMER LUTHERAN CHURCH OF FORT LAUDERDALE, FLO RIDA, INC.



Principal Place of Business 3500 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311-1113	Mailing Address 3500 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311-1113
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1966	3a. Date of Last Report 05/14/1996
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 05-0089103	Applied For <input type="checkbox"/> Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LECATES, WILLIAM 412 SE 12TH STREET FT. LAUDERDALE FL 33316				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEYFERT, JOHN			1.2 NAME	LaVerne Dale		
STREET ADDRESS	487 N OCEAN BLVD APT 3			1.3 STREET ADDRESS	3990 N.W. 34th Avenue		
CITY-ST-ZIP	DEERFIELD BEACH FL			1.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAVERNE, DALE			2.2 NAME	THELMA LEWIS		
STREET ADDRESS	3990 NE 34TH AVENUE			2.3 STREET ADDRESS	1475 N.W. 60th Avenue, Unit 2		
CITY-ST-ZIP	LAUDERDALE LAKES FL			2.4 CITY-ST-ZIP	Sunrise, FL 33313		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALE, TREVOR			3.2 NAME			
STREET ADDRESS	3990 NE 34TH AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE LAKES FL			3.4 CITY-ST-ZIP			
TITLE	FS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	F/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEYFERT, DOROTHY			4.2 NAME	WIL BLAKE		
STREET ADDRESS	487 N.OCEAN BLVD APT 3			4.3 STREET ADDRESS	602 N.W. 13th Street Apt.18		
CITY-ST-ZIP	DEERFIELD BCH FL			4.4 CITY-ST-ZIP	Boca Raton, FL 33486	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	S	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, KHEDEYNE			5.2 NAME	ELEEN BROWN		
STREET ADDRESS	1475 NW 60TH AVENUE UNIT 2			5.3 STREET ADDRESS	2721 N.W. 38th Terrace		
CITY-ST-ZIP	SUNRISE FL			5.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33349		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* 4-25-97 954-731-6805

CR2E037 (9/96)