

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90039 042 \*\*\*\*61.25

|                                                                                          |         |                                                                   |         |
|------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------|---------|
| <b>DOCUMENT # 753691</b>                                                                 |         |                                                                   |         |
| 1. Entity Name<br><b>REDEEMER LUTHERAN CHURCH OF ENGLEWOOD,<br/>MISSOURI SYNOD, INC.</b> |         |                                                                   |         |
| Principal Place of Business<br><b>6970 MINEOLA RD.<br/>ENGLEWOOD FL 34224</b>            |         | Mailing Address<br><b>6970 MINEOLA RD.<br/>ENGLEWOOD FL 34224</b> |         |
| 2. Principal Place of Business - No P.O. Box #                                           |         | 3. Mailing Address                                                |         |
| Suite, Apt. #, etc.                                                                      |         | Suite, Apt. #, etc.                                               |         |
| City & State                                                                             |         | City & State                                                      |         |
| Zip                                                                                      | Country | Zip                                                               | Country |



1st MOORE CR2E037 (10/07)

|                                                           |  |                                                        |  |
|-----------------------------------------------------------|--|--------------------------------------------------------|--|
| 4. FEI Number<br><b>59-1900016</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |  |

|                                                                                                                       |  |                                                                                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>DIEZ, CHARLES, JR<br/>1120 LARCHMONT DRIVE<br/>ENGLEWOOD FL</b> |  | 7. Name and Address of New Registered Agent<br>Name:<br>Street Address (P.O. Box Number is Not Acceptable)<br>City: <b>FL</b> Zip Code |  |
|-----------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|--|

8. 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. I am familiar with, and accept the obligations of registered agent.

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

|                                                        |                                                                                     |                                    |                                                              |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|

|                                                |                                                                                                                             |                                                       |                                                                                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS                     |                                                                                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>CARLOS, JOE<br/>19199 PUNTA GORDA COURT<br/>PORT CHARLOTTE FL 33948</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P<br/>BEABER, BYRON<br/>2242 NORTHLAND AVENUE<br/>NORTH PORT FL 34288</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>KRAFT, GLEN R<br/>1460 LEMON BAY DRIVE<br/>ENGLEWOOD FL 34223</b> <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>SINOWETSKI, DOROTHY<br/>35 BUNKER COURT<br/>ROTONDA WEST FL 33947</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>BEABER, BYRON<br/>2242 NORTHLAND AVENUE<br/>NORTH PORT FL 34288</b> <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>TREASURER<br/>STENDER, LETA<br/>202 WHITE MARSH LANE<br/>ROTONDA WEST FL 33947</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LEIMER, LETA<br/>202 WHITE MARSH LANE<br/>ROTONDA WEST FL 33947</b> <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>STERRIKER, MARJ<br/>397 EDEN DRIVE<br/>ENGLEWOOD FL 34223</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>STERRIKER, HARVEY<br/>397 EDEN DRIVE<br/>ENGLEWOOD FL 34223</b> <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>CAROL HAUPT<br/>158 CLEAR LAKE DRIVE<br/>ENGLEWOOD FL 34223</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Byron Beaber Byron W. BEABER 3/11/2008