

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00884 (9)

1. Corporation Name

CHURCH OF THE REDEEMER OF ST. LUCIE COUNTY, INC.



Principal Place of Business

Mailing Address

3891 EDWARDS ROAD  
FT. PIERCE FL 34981

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FT. PIERCE FL 34981

3. Date Incorporated or Qualified  
01/12/1984

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number  
59-2373471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, J.L.  
2918 PLAZA TERRACE  
FT. PIERCE FL 34982

81 Name

J.L. Thomas

82 Street Address (P.O. Box Number is Not Acceptable)

83

2801 South Jenkins Road

84 City

Fort Pierce

FL

85 Zip Code

34981

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME EIGE, JACOB  
STREET ADDRESS 2929 NICHOLAS RD.  
CITY-ST-ZIP FT. PIERCE FL 34982

1.1 TITLE D  
1.2 NAME Wetherington, U.B.  
1.3 STREET ADDRESS 3033 Summit Street  
1.4 CITY-ST-ZIP Fort Pierce, FL 34982

TITLE VD  
NAME THOMAS, J.L.  
STREET ADDRESS 2918 PLAZA TERR.  
CITY-ST-ZIP FT. PIERCE FL 34982

2.1 TITLE VD  
2.2 NAME THOMAS, J.L.  
2.3 STREET ADDRESS 2801 South Jenkins Rd.  
2.4 CITY-ST-ZIP Fort Pierce, FL 34981

TITLE TD  
NAME PLATTS, NORMAN W.  
STREET ADDRESS 2953 SEMINOLE RD.  
CITY-ST-ZIP FT. PIERCE FL 34951

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  
NAME HEFFELFINGER, L.B.  
STREET ADDRESS 1215 YORK AVENUE  
CITY-ST-ZIP FT. PIERCE FL 34982

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME COTO, RAUL  
STREET ADDRESS 701 S.E. HOLLOHAN AVE.  
CITY-ST-ZIP PT. ST. LUCIE FL 34983

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME MEADOWS, TEX  
STREET ADDRESS 1207 TEXAS COURT  
CITY-ST-ZIP FT. PIERCE FL 34950

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/96

561-466-8100  
Daytime Phone #

0016188

CR2E037 (3/96)