


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N07907</b> 1. Entity Name REDEEMER LUTHERAN CHURCH, INC.						<b>FILED</b> 06 JUN 14 PM 1:19 FLORIDA SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 390 EAST PARKER STREET BARTOW, FL 33830 US				Mailing Address 390 EAST PARKER STREET BARTOW, FL 33830 US			
2. Principal Place of Business		3. Mailing Address				06122006 Chg-NP CR2E037 (4/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 23-7095332				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOUCHES, ANTHONY J REV. 390 EAST PARKER STREET BARTOW, FL 33830				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD HENDERSON, ROSE <input type="checkbox"/> Delete			TITLE	D seawater, Charles <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	2150 BOARDMAN DR.			NAME	300 S. Washington Ave. #45		
STREET ADDRESS	BARTOW, FL 33830			STREET ADDRESS	Fort Meade, FL 33841		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	TD DOUCHES, ANTHONY <input type="checkbox"/> Delete			TITLE			
NAME	390 E PARKER ST			NAME			
STREET ADDRESS	BARTOW, FL 33830			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	SD BEDFORD, RACHEL <input type="checkbox"/> Delete			TITLE			
NAME	4105 SHEPHERD ROAD			NAME			
STREET ADDRESS	LAKELAND, FL 33811			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	V GREEN, RICHARD <input type="checkbox"/> Delete			TITLE			
NAME	485 PLUMOSA ST. W.			NAME			
STREET ADDRESS	BARTOW, FL 33830			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	P GLOSSICK, JOSEPH <input type="checkbox"/> Delete			TITLE			
NAME	3668 HOSHUA LN			NAME			
STREET ADDRESS	LAKELAND, FL 33813			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D HENDERSON, DELL <input type="checkbox"/> Delete			TITLE			
NAME	2150 BOARDMAN DR.			NAME			
STREET ADDRESS	BARTOW, FL 33830			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Anthony J. Douches</i> Anthony J. Douches				Date: 6/12/06		Daytime Phone #: 863-533-6054	