

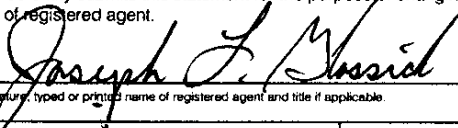
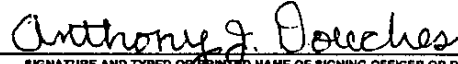


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90084 050 \*\*\*\*61.25

<b>DOCUMENT # N07907</b> 1. Entity Name <b>REDEEMER LUTHERAN CHURCH, INC.</b>					
Principal Place of Business <b>390 EAST PARKER STREET BARTOW, FL 33830 US</b>			Mailing Address <b>390 EAST PARKER STREET BARTOW, FL 33830 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>40014125</b>    01292007    Chg-NP    CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>23-7095332</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>DOUCHES, ANTHONY J REV. 390 EAST PARKER STREET BARTOW, FL 33830</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Joseph Glossick</b> Street Address (P.O. Box Number is Not Acceptable) <b>3668 Joshua Lane</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33813</b>	
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  <b>Joseph L. Glossick</b> <b>February 8, 2007</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENDERSON, ROSE 2150 BOARDMAN DR. BARTOW, FL 33830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOUCHES, ANTHONY 390 E PARKER ST BARTOW, FL 33830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEDFORD, RACHEL 4105 SHEPHERD ROAD LAKELAND, FL 33811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, RICHARD 485 PLUMOSA ST. W. BARTOW, FL 33830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLOSSICK, JOSEPH 3668 HOSHUA LN LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3668 Joshua Ln.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, DELL 2150 BOARDMAN DR. BARTOW, FL 33830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Seawater, Charles 300 S. Washington Av. # 45 Fort Meade, FL 33841</b>	
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.					
<b>SIGNATURE:</b>  <b>Anthony J. Douches</b> <b>2/8/07</b> <b>863-533-6054</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					