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

FILED
Mar 07, 2008 8:00 am
Secretary of State
02-07-2008 90021 022 ****61.25

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DOCUMENT # N09536

1. Entity Name

OUR REDEEMER LUTHERAN CHURCH OF JACKSONVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
5401 DUNN AVE JACKSONVILLE FL 32218	5401 DUNN AVE JACKSONVILLE FL 32218

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / County	Zip / Country

4. FEI Number 59-1082846 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, JUDY F 10655 PINHOLSTER RD JACKSONVILLE FL 32218	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 Judy F Johnson Judy F Johnson 1-28-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required on written resignation) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WAKEFIELD, DAVID 1722 BELMONTE AVE JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SEALS, JOE 11279 PRINCESSA LN JACKSONVILLE FL 32218	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V President John Burke 450562 SR 200 Callahan, FL 32011	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, JUDY 10655 PINHOLSTER RD JACKSONVILLE FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FS BURKE, MARY ANN 450562 SR 200 CALLAHAN FL 32011	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUGHES, JEAN 1302 AVANT RD YULEE FL 32097	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(S) Barbara Crook 8431 Santana Ct Jacksonville, Fl 32220	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HE BURKE, JOHN 450562 SR 200 CALLAHAN FL 32011	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(HE) Bert Guittar 4374 Red Tip Ct Jacksonville, Fl 32218	☐ Change ☑ 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: Judy F Johnson 3-3-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date