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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR 30 AM 10:46

DOCUMENT # **N46893** **(6)**

1. Corporation Name

OUR REDEEMER LUTHERAN PRESCHOOL AND CHILDCARE CE NTER, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1992
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-1082846 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

REISETTER, WILLIAM
5401 DUNN AVENUE
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PETERS, RAY	12 NAME	
STREET ADDRESS	9707 VILLERS DR. S.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HARMS JAMES	22 NAME	
STREET ADDRESS	10453 BISCAYNE BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JACK	32 NAME	
STREET ADDRESS	RT. 1 BOX 295	33 STREET ADDRESS	
CITY ST ZIP	BRYCEVILLE FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	CROASMUN, JEAN	42 NAME	
STREET ADDRESS	10603 DODD RD.	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	COBB CATHY	52 NAME	
STREET ADDRESS	RT. 5 BOX 7079	53 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL 32011	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PAULK BOBBY	62 NAME	
STREET ADDRESS	3742 BESSENT RD.	63 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32218	64 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)(i), 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: Jack D. Williams JACK D. WILLIAMS 3/19/95 766-4728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028417