

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N46893 (6)**

1. Corporation Name

**OUR REDEEMER LUTHERAN PRESCHOOL AND CHILDCARE CENTER, INC.**



Principal Place of Business

Mailing Address

**5401 DUNN AVENUE  
JACKSONVILLE FL 32218**

**5401 DUNN AVENUE  
JACKSONVILLE FL 32218**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**REISSETTER, WILLIAM  
5401 DUNN AVENUE  
JACKSONVILLE FL 32218**

3. Date Incorporated or Qualified

**01/16/1992**

3a. Date of Last Report

**03/30/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD  
PETERS, RAY  
9707 VILLERS DR. S.  
JACKSONVILLE FL**

☐ DELETE

**VD  
HARMS JAMES  
10453 BISCAYNE BLVD.  
JACKSONVILLE FL 32218**

☐ DELETE

**TD  
WILLIAMS, JACK  
RT. 1 BOX 295  
BRYCEVILLE FL**

☐ DELETE

**SD  
CROASMUN, JEAN  
10603 DODD RD.  
JACKSONVILLE FL**

☐ DELETE

**SD  
COBB CATHY  
RT. 5 BOX 7079  
CALLAHAN FL 32011**

☒ DELETE

**D  
PAULK BOBBY  
3742 BESSANT RD.  
JACKSONVILLE FL 32218**

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption skited 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

**3/28/96**

**904-766-4728**

CR2E037 (12/95)