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Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

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JACKSONVILLE FL 32218

3. Date Incorporated or Qualified

**01/16/1992**

4. FEI Number

**59-1082846**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REISSETTER, WILLIAM  
5401 DUNN AVENUE  
JACKSONVILLE FL 32218

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME PETERS, RAY  
STREET ADDRESS 9707 VILLERS DR. S.  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE President ☒ Change ☒ Addition  
1.2 NAME David Wakefield  
1.3 STREET ADDRESS 1722 Belmonte Ave  
1.4 CITY-ST-ZIP Jacksonville, FL 32207

TITLE VP ☐ DELETE  
NAME RUST, GERALD  
STREET ADDRESS 11325 NORTH MAIN ST., LOT 6  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE T ☐ DELETE  
NAME JOHNSON, JUDY  
STREET ADDRESS 10655 PINHOLSTER RD  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE SD ☐ DELETE  
NAME CROASMUN, JEAN  
STREET ADDRESS 10603 DODD RD.  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ST ☐ DELETE  
NAME BROCATO, CHARLOTTE  
STREET ADDRESS 16035 RESSIE DR WEST  
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME SHIVEN, KEHR  
STREET ADDRESS RT 4 BOX 616  
CITY-ST-ZIP CALLAHAN FL

6.1 TITLE Chairman ☐ Change ☒ Addition  
6.2 NAME Julie Roziers  
6.3 STREET ADDRESS 11559 Curacao Court  
6.4 CITY-ST-ZIP Jacksonville, FL 32218

14. I hereby certify that the information supplied with this filing 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: *Judy Johnson* **DATE REQUIRED** *1-14-98* *904-765-2357*

CR2E037 (10/97)