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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46893

1. Corporation Name

**OUR REDEEMER LUTHERAN PRESCHOOL AND CHILDCARE CE
NTER, INC.**

Principal Place of Business

**5401 DUNN AVENUE
JACKSONVILLE FL 32218**

Mailing Address

**5401 DUNN AVENUE
JACKSONVILLE FL 32218**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/16/1992

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

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

P

**WAKEFIELD, DAVID
1722 BELMONTE AVE
JACKSONVILLE FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP

**RUST, GERALD
11325 NORTH MAIN ST., LOT 6
JACKSONVILLE FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T

**JOHNSON, JUDY
10655 PINHOLSTER RD
JACKSONVILLE FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST

**BROCATO, CHARLOTTE
16035 RESSIE DR WEST
JACKSONVILLE FL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

C

**ROZERS, JULIE
11559 CURACAO COURT
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

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

*Social Secretary
Carol Paulk
3742 Bessent Rd
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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-99 904-766-7728

Date

Daytime Phone #

CR2E037 (11/98)