

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 766395 (8)

1. Corporation Name  
**ADVENT LUTHERAN CHURCH OF MELBOURNE, INC.**



Principal Place of Business: 7550 N WICKHAM ROAD MELBOURNE FL 32940  
Mailing Address: 7550 N WICKHAM ROAD MELBOURNE FL 32940

3. Date Incorporated or Qualified: 01/03/1983  
3a. Date of Last Report: 02/06/1995  
4. FEI Number: 59-2256683  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**BETTIN, BRADLY ROGER  
96 WILLARD STREET, SUITE 302  
COCOA FL 32922**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: PRAIS, ROBERT	1.1 TITLE: <del>DELETE</del>	1.1 TITLE: VPD JACK LIGHTLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 709 KENWOOD CIRCLE	CITY-ST-ZIP: MELBOURNE FL	1.2 NAME: <del>DELETE</del>	1.2 NAME: 900 KERRY DOWNS CIRCLE
1.3 STREET ADDRESS: <del>DELETE</del>	1.4 CITY-ST-ZIP: <del>DELETE</del>	2.1 TITLE: S	2.1 TITLE: GENE RUEES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD-PD	NAME: DOBSON, ROGER	2.2 NAME: <del>DELETE</del>	2.2 NAME: 550 DEERFIELD DR
STREET ADDRESS: 6245 TROPICAL TRAIL	CITY-ST-ZIP: MERITT ISLAND FL	2.3 STREET ADDRESS: <del>DELETE</del>	2.3 STREET ADDRESS: MELBOURNE, FL 32940
2.4 CITY-ST-ZIP: <del>DELETE</del>	2.4 CITY-ST-ZIP: <del>DELETE</del>	3.1 TITLE: PD	3.1 TITLE: ROGER DOBSON
TITLE: SD	NAME: BURKE, PATRICIA	3.2 NAME: <del>DELETE</del>	3.2 NAME: (TITLE CHANGE)
STREET ADDRESS: 5300 SANDLAKE DR.	CITY-ST-ZIP: MELBOURNE FL	3.3 STREET ADDRESS: <del>DELETE</del>	3.3 STREET ADDRESS: 700001863007
3.4 CITY-ST-ZIP: <del>DELETE</del>	3.4 CITY-ST-ZIP: <del>DELETE</del>	4.1 TITLE: <del>DELETE</del>	4.1 TITLE: -06/17/96-01007-008
TITLE: S	NAME: DOMSCH, CURTIS A.	4.2 NAME: <del>DELETE</del>	4.2 NAME: ***61.25
STREET ADDRESS: 2285 ROYAL POINCIANNA BLVD	CITY-ST-ZIP: MELBOURNE FL	4.3 STREET ADDRESS: <del>DELETE</del>	4.3 STREET ADDRESS: TD ROMAN CARRAWAY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.4 CITY-ST-ZIP: <del>DELETE</del>	4.4 CITY-ST-ZIP: <del>DELETE</del>	5.1 TITLE: <del>DELETE</del>	5.1 TITLE: 5083 COCOPLUM AVE
TITLE: TD	NAME: HARNISH, MARTIN	5.2 NAME: <del>DELETE</del>	5.2 NAME: MELBOURNE FL 32940
STREET ADDRESS: 4605 KNOXVILLE AVE	CITY-ST-ZIP: COCOA FL	5.3 STREET ADDRESS: <del>DELETE</del>	5.3 STREET ADDRESS: SD DORIS SCHMELING <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.4 CITY-ST-ZIP: <del>DELETE</del>	5.4 CITY-ST-ZIP: <del>DELETE</del>	6.1 TITLE: <del>DELETE</del>	6.1 TITLE: 413 MIMOSA COURT
TITLE: <del>DELETE</del>	NAME: <del>DELETE</del>	6.2 NAME: <del>DELETE</del>	6.2 NAME: MELBOURNE FL 32940-11-96
STREET ADDRESS: <del>DELETE</del>	CITY-ST-ZIP: <del>DELETE</del>	6.3 STREET ADDRESS: <del>DELETE</del>	6.3 STREET ADDRESS: <del>DELETE</del>
6.4 CITY-ST-ZIP: <del>DELETE</del>	6.4 CITY-ST-ZIP: <del>DELETE</del>	6.4 CITY-ST-ZIP: <del>DELETE</del>	6.4 CITY-ST-ZIP: <del>DELETE</del>

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)(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: *Shawna Williams-Jones* SHAWNA WILLIAMS-JONES 4-14-96 632-8786  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (12/95)