

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90106 019 ****61.25

DOCUMENT # 766395

1. Entity Name

ADVENT LUTHERAN CHURCH OF MELBOURNE, INC.

Principal Place of Business

Mailing Address

**7550 N WICKHAM ROAD
 MELBOURNE FL 32940**

**7550 N WICKHAM ROAD
 MELBOURNE FL 32940-7909**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2256683

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BETTIN, BRADLY ROGER
 96 WILLARD STREET, SUITE 302
 COCOA FL 32922**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	THODEN, RUDY	
STREET ADDRESS	4125 WINDOVER WAY	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RYDEEN, DON	
STREET ADDRESS	307 BANYAN WAY	
CITY-ST-ZIP	MELBOURNE BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	TWIGGS, JOYCE	
STREET ADDRESS	7817 MAPLEWOOD DR	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARRAWAY, ROMAN	
STREET ADDRESS	5083 COCOPLUM AVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CROCKETT, SUSAN	
STREET ADDRESS	3820 ST ARMENS CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald R. Rydeen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-00
 Date

1-321-727-3768
 Daytime Phone #

CP2E037 (9/99)