


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90033 028 ****61.25

DOCUMENT # N01000002228

1. Entity Name
LUTHERAN RETIREMENT CAMPUS OF MERRITT ISLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**280 EAST MERRITT AVENUE
MERRITT ISLAND, FL 32953**

Mailing Address
**280 EAST MERRITT AVENUE
MERRITT ISLAND, FL 32953**

94030675



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1054
Suite, Apt. #, etc.

03052004 Chg-NP CR2E037 (10/03)

City & State
Merritt Island, Florida

City & State
Merritt Island, Florida

Zip
32954

Country
Brevard

4. FEI Number
51-0425535

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOSLEY, CURTIS R ESQ.
1221 EAST NEW HAVEN AVENUE
MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLECK, ROGER 490 DIANA BLVD. MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COOK, CLARENCE 4155 SAND YSIDRO WAY ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KESSEE, CRAIG 2155 ROYAL OAK DR ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEATHCOTE, PAULINE 775 PLANTATION ROAD MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUGHES, BETTY A 2080 NEWFOUND HARBOUR DR MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Roberta Edins 511 Priscilla Pl Merritt Island, FL 32953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Joseph Diliberto 4181 Timothy Dr. Merritt Island, FL 32953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Lawrence Emerson 4211 Timothy Dr. Merritt Island, FL 32953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Janice Empson 4161 Timothy Dr. Merritt Island, FL 32953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D August Brown 4191 Timothy Dr. Merritt Island, FL 32953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Roberta Edins **Roberta Edins** 3/15/04 (321) 452-7834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #