

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 766395 (8)

1. Corporation Name

ADVENT LUTHERAN CHURCH OF MELBOURNE, INC.

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:16

Principal Place of Business

Mailing Address

7550 N WICKHAM ROAD
MELBOURNE FL 32940

7550 N WICKHAM ROAD
MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1983

3a. Date of Last Report

02/11/1994

4. FEI Number

59-2256683

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

25

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0502 and 607.1508, 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 607.0505, 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

NAME

KNUTSON, DENNIS J

STREET ADDRESS

3581 FINCH DR.

CITY - ST - ZIP

MELBOURNE FL

TITLE

VPD

NAME

PAIS, ROBERT

STREET ADDRESS

709 KENWOOD CIRLE

CITY - ST - ZIP

MELBOURNE FL

TITLE

SD

NAME

BURKE, PATRICIA

STREET ADDRESS

5300 SANDLAKE DR.

CITY - ST - ZIP

MELBOURNE FL

TITLE

S

NAME

DOMSCH, CURTIS A.

STREET ADDRESS

2285 ROYAL POINCIANNA BLVD

CITY - ST - ZIP

MELBOURNE FL

TITLE

TD

NAME

HANIFORD, JOEL

STREET ADDRESS

830 TURTLE POND WAY

CITY - ST - ZIP

MELBOURNE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

PD

1.2 NAME

PAIS, ROBERT

1.3 STREET ADDRESS

709 KENWOOD CIRCLE

1.4 CITY - ST - ZIP

MELBOURNE, FL

2.1 TITLE

VPD

2.2 NAME

DOBSON, ROGER

2.3 STREET ADDRESS

6245 TROPICAL TRAIL

2.4 CITY - ST - ZIP

MERRITT ISLAND, FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TD

HARNISH, MARTIN

4605 KNOXVILLE AVE.

COCOA, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that the information indicated on this annual report or supplemental annual report; that I am an officer or director of the corporation or the receiver or trustee or appears in Block 12 or Block 13 if changed, or on an attachment with an address.

and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that this report is true and accurate and that my signature shall have the same legal effect as if made under oath to execute this report as required by Chapter 017, Florida Statutes; and that my name

SIGNATURE: Patricia J. Burke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

PATRICIA J. BURKE

Date

1-22-95

Daytime Phone #

255-2210