

# 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

Mailing Address

7550 N WICKHAM ROAD  
MELBOURNE FL 32940

7550 N WICKHAM ROAD  
MELBOURNE FL 32940

3. Date Incorporated or Qualified

01/03/1983

3a. Date of Last Report

02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2256683

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

Zip

Country

29

Zip

Country

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 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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PRAS, ROBERT	
STREET ADDRESS	709 KENWOOD CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VPD PD	<input type="checkbox"/> DELETE
NAME	DOBSON, ROGER	
STREET ADDRESS	6245 TROPICAL TRAIL	
CITY-ST-ZIP	MERITT ISLAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, PATRICIA	
STREET ADDRESS	5300 SANDLAKE DR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DOMSCH, CURTIS A.	
STREET ADDRESS	2285 ROYAL POINCIANNA BLVD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HARNISH, MARTIN	
STREET ADDRESS	4605 KNOXVILLE AVE	
CITY-ST-ZIP	COCOA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JACK LIGHTLE	
1.3 STREET ADDRESS	900 KERRY DOWNS CIRCLE	
1.4 CITY-ST-ZIP	MELBOURNE FL 32940	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GENE RUEES	
2.3 STREET ADDRESS	550 DEERFIELD DR	
2.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROGER DOBSON	
3.3 STREET ADDRESS	(TITLE CHANGE)	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	700001863007	
4.3 STREET ADDRESS	-06/17/96--01007--008	
4.4 CITY-ST-ZIP	***61.25	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROMAN CARRAWAY	
5.3 STREET ADDRESS	5083 COCOPLUM AVE	
5.4 CITY-ST-ZIP	MELBOURNE FL 32940	
6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DORIS SCHMELING	
6.3 STREET ADDRESS	613 MIMOSA COURT	
6.4 CITY-ST-ZIP	MELBOURNE FL 32940	

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 #

CR2E037 (12/95)