


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90009 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 766395					
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		

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/03/1983	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2256683	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		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			
				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD VD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BISHOP, DARYL			1.2 NAME	Rudy Thoden		
STREET ADDRESS	703 DANESBROOK WAY			1.3 STREET ADDRESS	4125 Windover Way		
CITY-ST-ZIP	MELBOURNE FL			1.4 CITY-ST-ZIP	Melbourne FL 32940		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RYDEEN, DON			2.2 NAME			
STREET ADDRESS	307 BANYAN WAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BCH FL			2.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, BOB			3.2 NAME	Joyce Twiggs		
STREET ADDRESS	1309 CYPRESS TRACE DR			3.3 STREET ADDRESS	7817 Maplewood Dr		
CITY-ST-ZIP	MELBOURNE FL			3.4 CITY-ST-ZIP	West Melbourne FL 32904		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BISHOP, CATHY			4.2 NAME	Roman Carraway		
STREET ADDRESS	703 DANESBROOK WAY			4.3 STREET ADDRESS	5083 Cocoplum Ave		
CITY-ST-ZIP	MELBOURNE FL			4.4 CITY-ST-ZIP	Melbourne FL 32940		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOPENHAVER, NORMA			5.2 NAME	Susan Crockett		
STREET ADDRESS	1372 FARGO DR			5.3 STREET ADDRESS	3820 St Armens Circle		
CITY-ST-ZIP	MELBOURNE FL			5.4 CITY-ST-ZIP	Melbourne, FL 32934		
TITLE		<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *Don Rydeen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 Aug 99

259-8515
Daytime Phone #

CR2E037 (5/99)