NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 705984

LUTHERAN CHURCH OF THE REDEEMER OF MELBOURNE, IN

Principal Place of Business MELBOURNE INC 12 EAST AVENUE "A" MELBOURNE FL 32901-8391

2. Principal Place of Business

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Mailing Address MELBOURNE INC 12 EAST AVENUE "A" MELBOURNE FL 32901-8391

2a. Mailing Address

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Mar 08, 1999 8:00 am secretary of State

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3. Date Incorporated or Qualifed 08/02/1963

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S. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 81 Name KOSHINSKI, CANDYCE L 2705 CANDY LANE MALABAR FL 32930 84 City FL 85 Zip Code 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 Street Address (P.O. Box Number is Not Acceptable) 88 Zip Code 88 Street Address (P.O. Box Number is Not Acceptable) 89 Zip Code 80 Zip		Country			Country		6	. Election Ca	ampaign	Financing		\$5.00	May Be	
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2705 CANDY LANE MALABAR FL 32950 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 817,0502 and 617,1508, Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, Section 17,0503, Florida Statutes, the above-nemed corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with, and accept the obligations of, Section 17,0503, Florida Statutes. SIGNATURE Signature OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME OELSCHLAGER, FRANK 12. NAME OELSCHLAGER, FRANK 12. NAME OELSCHLAGER, FRANK 12. NAME ROLand Koshinski 12. NAME ROLand Koshinski 12. NAME ROLand Koshinski 12. NAME ROLAND Koshinski 12. NAME STEME ADDRESS STEME ADDRESS STEME ADDRESS STEME ADDRESS STEME ADDRESS A VENETIAN WAY 12. STEME ADDRESS STEME ADDRESS A VENETIAN WAY 12. STEME ADDRESS STEME ADDRESS A VENETIAN WAY 12. NAME STEME ADDRESS STEME ADDRESS A VENETIAN WAY 12. NAME STEME ADDRESS STEME ADDRESS A VENETIAN WAY 13. STEME ADDRESS A VENETIAN WAY 13. STEME ADDRESS A VENETIAN WAY 13. STEME ADDRESS A VENETIAN WAY 14. STEME ADDRESS A VENETIAN WAY 15. STEME ADDRESS A VENETIAN WAY 16. STEME ADDRESS A VENETIAN WAY 17. STATE ADDRESS A VENETIAN WAY 18. STEME ADDRESS A VENETIAN WAY 1					81	Name								
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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, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE To Flicters AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME OELSCHLAGER, FRANK 12. VT	MALABAR	FL 32950												
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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 ar 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:

CANDYCE L. KOSHINSKI)