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Mar 08, 1999 8:00 am
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03-08-1999 90087 011 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705984

1. Corporation Name

LUTHERAN CHURCH OF THE REDEEMER OF MELBOURNE, IN C.

Principal Place of Business

**MELBOURNE INC
12 EAST AVENUE "A"
MELBOURNE FL 32901-8391**

Mailing Address

**MELBOURNE INC
12 EAST AVENUE "A"
MELBOURNE FL 32901-8391**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/02/1963

4. FEI Number

59-6045470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**KOSHINSKI, CANDYCE L
2705 CANDY LANE
MALABAR FL 32950**

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

TITLE **PT** ☒ DELETE
NAME **OELSCHLAGER, FRANK**
STREET ADDRESS **2590 CHAPPARAL DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **ST** ☒ DELETE
NAME **HENNESSY, JO**
STREET ADDRESS **3A VENETIAN WAY**
CITY-ST-ZIP **INDIAN HARBOR BEACH FL 32937-5321**

TITLE **VT** ☐ DELETE
NAME **ISENBERT-HAND, LORETTA**
STREET ADDRESS **1167 SANDDUNE LANE., #102**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **TT** ☐ DELETE
NAME **KOSHINSKI, CANDYCE L**
STREET ADDRESS **2705 CANDY LANE**
CITY-ST-ZIP **MALABAR FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Roland Koshinski**
1.3 STREET ADDRESS **5485 Osceola Drive**
1.4 CITY-ST-ZIP **St. Cloud, FL 34773**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Marcei Miller**
2.3 STREET ADDRESS **3419 Saddlebrook Dr.**
2.4 CITY-ST-ZIP **Melbourne, FL 32934**

3.1 TITLE **PT** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Candyce L. Koshinski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)