

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705984

1. Entity Name

LUTHERAN CHURCH OF THE REDEEMER OF MELBOURNE, IN

Principal Place of Business

Mailing Address

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

MELBOURNE INC
12 EAST AVENUE "A"
MELBOURNE FLA 32901-1354

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6045470

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOSHINSKI, CANDYCE L
2705 CANDY LANE
MALABAR FL 32950

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VT ☐ Delete
NAME KOSHINSKI, ROLAND
STREET ADDRESS 5485 OSCEOLA DR
CITY-ST-ZIP ST CLOUD FL 34773

PT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME MILLER, MARCEI
STREET ADDRESS 3419 SADDLEBROOK DR
CITY-ST-ZIP MELBOURNE-FL 32934

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PT ☒ Delete
NAME ISENBERT-HAND, LORETTA
STREET ADDRESS 1167 SANDDUNE LANE, #102
CITY-ST-ZIP MELBOURNE FL 32935

VT ☐ Change ☒ Addition
NAME Bunnie Koelsch
STREET ADDRESS 1483 Rosemary Dr.
CITY-ST-ZIP Melbourne, FL 32935

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Candyce L. Koshinski
Candyce L. Koshinski

1-10-00

(321) 723-4152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)