

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90079 019 ****61.25

DOCUMENT # 705984

1. Entity Name

LUTHERAN CHURCH OF THE REDEEMER OF MELBOURNE, IN C.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6045470**

Applied For

Not Applicable

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 **PT** ☒ Delete
 NAME **KOELSCH, BUNNIE**
 STREET ADDRESS **1483 ROSEMARY DRIVE**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **VT** ☐ Change ☒ Addition
 NAME **Loretta Isenberg-Hand**
 STREET ADDRESS **2100 Santa Lucia Circle**
 CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **ST** ☐ Delete
 NAME **RAMPENTHAL, ORA**
 STREET ADDRESS **2260 OHIO STREET**
 CITY-ST-ZIP **MELBOURNE FL 32904-6145**

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

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

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

TITLE **VT** ☐ Delete
 NAME **FRAHM, BRUCE**
 STREET ADDRESS **2579 CHOCTAW DRIVE**
 CITY-ST-ZIP **MELBOURNE FL 32935**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

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

2-26-02 *(321) 723-4152*
 Date Daytime Phone #

CR2E037 (9/01)