2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #705984

FILED Apr 12, 2005 8:00 am Secretary of State

04-12-2005 90153 035 ****61.25

04-12-2005 90153 035 ****6

1. Entity Nam LUTHER/ MELBOU	AN CHUP	RCH OF THE RED C.	DEEMER OF								
MELBOURNE INC 12 EAST AVENUE "A" 12 EAST AVENUE "A" 12 EAST AVENUE "A"			Mailing Address MELBOURNE INC 12 EAST AVENUE MELBOURNE, FL	DURNE INC			20029966				
2. Principal Place of Business 3. M.			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042005	Chg-NP	CR2E0	37 (10/03)			
City & State		City & State		4. FEI Number 59-6045470				plied For t Applicable			
Zip		Country	Zip	Con	untry		of Status Desire	<u> </u>	\$8.75 Add Fee Required		
	b. Name	and Address of Curren	t Hegistered Agent		Name	7. Name and	Address of No	ew Hegistered	Agent		
KOSHINSI 2705 CAN MALABAR	DY LANE					ress (P.O. Box Numb	er is Not Accep	table)			
			t		City			FL	Zip Code	e	
	e named entit tions of regis	y submits this statement tered agent.	for the purpose of changing	g its register	ed office or re	gistered agent, or bo	th, in the State of	of Florida. I am	familiar with,	and accept	
SIGNATURE .	* Signature, typed	or printed name of registered age	nt and title if applicable.	(NOTE: Registers	d Agent signature i	required when reinstating)		DATE	· · ·		
				1,			list ilmaini				
		ee is \$61.25 May 1, 2005		n Campaign fund Contribu	inancing	\$5.00 May E			k payable to rtment of St		
10.	Due by N		Trust F	n Campaign fund Contribu	Financing fion.	\$5.00 May B Added to Fees ADDITIONS/CH		Make chec Florida Depa	rtment of SI IRECTORS IN	10	
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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.

Candice X. Koskinshe C SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CANDYCEL KOSHINSKI 321-723-415Z SIGNATURE: Daytime Phone #