


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90033 034 \*\*\*\*61.25

<b>DOCUMENT # 705984</b> 1. Entity Name <b>LUTHERAN CHURCH OF THE REDEEMER OF MELBOURNE, INC.</b>					
Principal Place of Business <b>MELBOURNE INC 12 EAST AVENUE "A" MELBOURNE, FL 32901</b>			Mailing Address <b>MELBOURNE INC 12 EAST AVENUE "A" MELBOURNE, FL 32901</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6045470</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KOSHINSKI, CANDYCE L 2705 CANDY LANE MALABAR, FL 32950</b>			Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYNARD, CAROL		NAME		
STREET ADDRESS	4851 VERONA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
TITLE	TT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOSHINSKI, CANDYCE L		NAME		
STREET ADDRESS	2705 CANDY LANE		STREET ADDRESS		
CITY-ST-ZIP	MALABAR, FL		CITY-ST-ZIP		
TITLE	VT		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAND, LORETTA		NAME	VT	
STREET ADDRESS	2100 SANTA LUCIA CIRCLE		STREET ADDRESS	RAMPENTHAL ED	
CITY-ST-ZIP	MELBOURNE, FL 329352181		CITY-ST-ZIP	2260 OHIO ST MELBOURNE FL 32904 6145	
TITLE	PT		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYNARD, HARRY		NAME	PT	
STREET ADDRESS	4851 VERONA CIRCLE		STREET ADDRESS	HAND, LORETTA	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	2100 SANTA LUCIA CIRCLE MELBOURNE FL 329352181	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Candace L. Koshinski</i>			5/15/08 321-723-4152		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40103867



05142008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-6045470**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

**FL** Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	MAYNARD, CAROL	
STREET ADDRESS	4851 VERONA CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	TT	<input type="checkbox"/> Delete
NAME	KOSHINSKI, CANDYCE L	
STREET ADDRESS	2705 CANDY LANE	
CITY-ST-ZIP	MALABAR, FL	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	HAND, LORETTA	
STREET ADDRESS	2100 SANTA LUCIA CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 329352181	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	MAYNARD, HARRY	
STREET ADDRESS	4851 VERONA CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VT	
STREET ADDRESS	RAMPENTHAL ED	
CITY-ST-ZIP	2260 OHIO ST MELBOURNE FL 32904 6145	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAND, LORETTA	
STREET ADDRESS	2100 SANTA LUCIA CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 329352181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #