FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB -6 PM 12:16

DOCUMENT # 766395 (8)

1. Corporation Name

ADVENT LUTHERAN CHURCH OF MELBOURNE, INC.

Principal Place of Business	Mailing Address
7550 N WICKHAM ROAD MELBOURNE FL 32940	7550 N WICKHAM ROAD MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1983
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2256683 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BETTIN, BRADLY ROGER
96 WILLARD STREET, SUITE 302
COCOA FL 32922

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KNUTSON, DENNIS J	1.2 NAME	PRAIS, ROBERT	
STREET ADDRESS	3581 FINCH DR.	1.3 STREET ADDRESS	709 KENWOOD CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	MELBOURNE, FL	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	PRAIS, ROBERT	2.2 NAME	DOBSON, ROGER	
STREET ADDRESS	709 KENWOOD CIRLE	2.3 STREET ADDRESS	6245 TROPICAL TRAIL	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	MERRITT ISLAND, FL	
TITLE	S D	3.1 TITLE		☐ Change ☐ Addition
NAME	BURKE, PATRICIA	3.2 NAME		
STREET ADDRESS	5300 SANDLAKE DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	DOMSCH, CURTIS A.	4.2 NAME		
STREET ADDRESS	2285 ROYAL POINCIANNA BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP		
TITLE	T D	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	HANIFORD, JOEL	5.2 NAME	HARNISH, MARTIN	
STREET ADDRESS	930 TURTLE POND WAY	5.3 STREET ADDRESS	4605 KNOXVILLE AVE.	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	COCOA, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Patricia Burke PATRICIA J. BURKE 1-22-95 255-2210
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DIRECTOR Date Daytime Phone #

0036216