

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766395

1. Entity Name

ADVENT LUTHERAN CHURCH OF MELBOURNE, INC.

Principal Place of Business

7550 N WICKHAM ROAD
MELBOURNE FL 32940

Mailing Address

7550 N WICKHAM ROAD
MELBOURNE FL 32940

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

(NOT) 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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	THODEN, RUDY	
STREET ADDRESS	4125 WINDOVER WAY	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RYDEEN, DON	
STREET ADDRESS	307 BANYAN WAY	
CITY-ST-ZIP	MELBOURNE BCH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TWIGGS, JOYCE	
STREET ADDRESS	7817 MAPLEWOOD DR	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARRAWAY, ROMAN	
STREET ADDRESS	5083 COCOPLUM AVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CROCKETT, SUSAN	
STREET ADDRESS	3820 ST ARMENS CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN SCHWEINSBERG	
STREET ADDRESS	850 BELLHURST LANE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB MENZEL	
STREET ADDRESS	782 LAKE GEORGE DRIVE	
CITY-ST-ZIP	VIERA FL 32940	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONI ZAHN	
STREET ADDRESS	706 BAY VIEW COURT	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY BUZZARD	
STREET ADDRESS	4004 ESTANCIA WAY	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERYL SCHIRM	
STREET ADDRESS	4412 BOWMORE PLACE	
CITY-ST-ZIP	MELBOURNE FL 32940	
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 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 of trustee empowered to execute this report is 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 REQUIRED

5/14/01

321-255-0088

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90010 001 ****61.25

977550



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2256683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)