# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 26, 2005 8:00 am**
**Secretary of State**
05-26-2005 90027 050 ****61.25

DOCUMENT # 766395

1. Entity Name
ADVENT LUTHERAN CHURCH OF MELBOURNE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7550 N WICKHAM ROAD<br>MELBOURNE, FL 32940 | 7550 N WICKHAM ROAD<br>MELBOURNE, FL 32940 |

05172005 Chg-NP CR2E037 (10/03)

| 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 59-2256683 ☐ Applied For ☐ Not Applicable

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

**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. I am familiar with, and accept the obligations of registered agent.

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 7, 2005**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>SCHWEINSBERG, CATHY<br>850 BELHURST LN<br>ROCKLEDGE, FL 32955 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BUZZARD, NANCY<br>4004 ESTANCIA WAY<br>MELBOURNE, FL 32934 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>PRAIS, ROBERT<br>709 KENWOOD CIRCLE<br>MELBOURNE FL 32940<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ZAHN, TONI<br>706 BAY VIEW COURT<br>MELBOURNE, FL 32940 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>RON KLEIN<br>917 VERSAILLES COURT<br>MELBOURNE FL 32940<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>GAUMANN, GRETA<br>931 WILDWOOD DRIVE<br>MELBOURNE, FL 32940 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>LISA ~~BARBARA~~ BARBER<br>275-4 SPRING DRIVE<br>MERRITT ISLAND FL 32953<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ATD<br>ROMAN, CARNIWAY<br>5083 COCOPLUM<br>MELBOURNE, FL 32940 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Robert N Prais 5/19/05 321-242-5782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #