

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90133 022 \*\*\*\*61.25

**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**

**55055896**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2256683**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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 **PD** ☒ Delete  
NAME **SCHWEINSBERG, JOHN**  
STREET ADDRESS **850 BELHURST LANE**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **PO** ☐ Change ☒ Addition  
NAME **Holub, David**  
STREET ADDRESS **1967 Fabien Circle**  
CITY-ST-ZIP **Melbourne FL 32940**

TITLE **VD** ☒ Delete  
NAME **MENZEL, ROBERT**  
STREET ADDRESS **782 LAKE GEORGE DRIVE**  
CITY-ST-ZIP **VIERA FL 32940**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Zahn, Toni**  
STREET ADDRESS **706 Bay View Court**  
CITY-ST-ZIP **Melbourne FL 32940**

TITLE **S** ☐ Delete  
NAME **ZAHN, TONI**  
STREET ADDRESS **708 BAY VIEW COURT**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **SO** ☒ Change ☐ Addition  
NAME **Buzzard, Nancy**  
STREET ADDRESS **4004 Estancia Way**  
CITY-ST-ZIP **Melbourne FL 32934**

TITLE **TD** ☐ Delete  
NAME **BUZZARD, NANCY**  
STREET ADDRESS **4004 ESTANCIA WAY**  
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Carraway Roman**  
STREET ADDRESS **5083 Cocoplum Ave**  
CITY-ST-ZIP **Melbourne FL 32940**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/03**

**321-255-0088**

Date Daytime Phone #

CR2E037 (4/03)

Attachment

55055896  
#766395

Dear Agent:

The 2003 Uniform Business Report was paid in full on 2/23/03, check # 10869. This report is to replace the original report filed. The original report was incomplete. If you have any further questions, please contact me at 321-255-0088.

Very truly yours,

 Treasurer  
Roman Carraway