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**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N42041**

1. Corporation Name

**ST. PAUL'S EVANGELICAL LUTHERAN CHURCH OF MELBOURNE, FLORIDA, INC.**

Principal Place of Business

105 W HIBISCUS BLVD  
 MELBOURNE FL 32901

Mailing Address

105 W HIBISCUS BLVD  
 MELBOURNE FL 32901



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/11/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-0237815

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



**\$8.75** Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEGERREIS, ELIZABETH  
 2103 S GREENWAY DR  
 MELBOURNE FL 32901

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  DELETE  
 NAME CURTIS, DELWIN  
 STREET ADDRESS 105 W. HIBISCUS BLVD.  
 CITY-ST-ZIP MELBOURNE FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE DT  DELETE  
 NAME JONES, BARBARA  
 STREET ADDRESS 105 W. HIBISCUS BLVD.  
 CITY-ST-ZIP MELBOURNE FL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE DS  DELETE  
 NAME KEGERRIES, ELIZABETH  
 STREET ADDRESS 105 W. HIBISCUS BLVD.  
 CITY-ST-ZIP MELBOURNE FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE DV  DELETE  
 NAME MISCO, ANTHONY  
 STREET ADDRESS 105 W. HIBISCUS BLVD.  
 CITY-ST-ZIP MELBOURNE FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME WERNER, CINDY  
 STREET ADDRESS 105 W. HIBISCUS BLVD.  
 CITY-ST-ZIP MELBOURNE FL

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME WEIRD, DAVID  
 STREET ADDRESS 105 W. HIBISCUS BLVD.  
 CITY-ST-ZIP MELBOURNE FL

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Rev. Delwin M. Curtis* DATE: *4.20.99* PHONE: *407-723-8393*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)