

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90057 047 ****61.25



DOCUMENT # N42041
1. Entity Name
**ST. PAUL'S EVANGELICAL LUTHERAN CHURCH OF
MELBOURNE, FLORIDA, INC.**

Principal Place of Business
**105 W HIBISCUS BLVD
MELBOURNE FL 32901**

Mailing Address
**PO BOX 338
MELBOURNE FL 32901**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State
Zip Country

4. FEI Number
59-0237815

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**SMITH, SANDRA W
105 W. HIBISCUS BLVD
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent
Name
CLIFFORD A. PETERSON

Street Address (P.O. Box Number is Not Acceptable)
105 W. HIBISCUS BLVD

City
MELBOURNE FL 32901

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: *Clifford A. Peterson*

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
Due By May 1, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HUGHES, CATHERINE 105 W. HIBISCUS BLVD. MELBOURNE FL 32901 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, CURTIS 105 W. HIBISCUS BLVD. MELBOURNE FL 32901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, SANDRA 105 W. HIBISCUS BLVD. MELBOURNE FL 32901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KERSCHNER, BARBARA 105 W. HIBISCUS BLVD. MELBOURNE FL 32901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WERNER, CINDY 105 W. HIBISCUS BLVD. MELBOURNE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWEITZER, NANCY 105 W. HIBISCUS BLVD. MELBOURNE FL 32901 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/TREASURER PETERSON, CLIFFORD A 105 W. HIBISCUS BLVD MELBOURNE FL 32901 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, STEPHEN 105 W. HIBISCUS BLVD MELBOURNE FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNIE, JOEANN 105 W. HIBISCUS BLVD MELBOURNE FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Clifford A. Peterson* **CLIFFORD A. PETERSON** 3/28/05 321-723-8393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #