

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90124 042 \*\*\*\*70.00

**DOCUMENT # N42041**

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



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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0237815**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEGERREIS, ELIZABETH**  
**2103 S GREENWAY DR**  
**MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name **Sandra W Smith**

Street Address (P.O. Box Number is Not Acceptable) **105 W. Hibiscus Bl**

City **Melbourne**      FL      Zip Code **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 *Sandra W Smith*      DATE **03 26 03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>CURTIS, DELWIN</b> <b>105 W. HIBISCUS BLVD.</b> <b>MELBOURNE FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>JONES, BARBARA</b> <b>105 W. HIBISCUS BLVD.</b> <b>MELBOURNE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>KEGERRIES, ELIZABETH</b> <b>105 W. HIBISCUS BLVD.</b> <b>MELBOURNE FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>SHUEMAKER, ROBERT</b> <b>105 W. HIBISCUS BLVD.</b> <b>MELBOURNE FL 32901</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WERNER, CINDY</b> <b>105 W. HIBISCUS BLVD.</b> <b>MELBOURNE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEIRD, DAVID</b> <b>105 W. HIBISCUS BLVD.</b> <b>MELBOURNE FL</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>Cathy Hughes</b> <b>105 W. Hibiscus Blvd</b> <b>Melbourne, FL 32901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>Smith, Sandra</b> <b>105 W. Hibiscus Blvd</b> <b>Melbourne, FL 32901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>weir, David</b> <input checked="" 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: *Robert A. Shuemaker* RE **Robert A. Shuemaker 03/26/03 321-255-1483**

CR2E037 (10/02)