1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9700005100

1. Corporation Name

LUTHERAN RETIREMENT CAMPUS OF MERRITT ISLAND INC ORPORATED

Principal Place of Business

Mailing Address

280 E. MERRITT AVE. MERRITT ISLAND FL 32953

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

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280 E. MERRITT AVE. MERRITT ISLAND FL 32953

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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May 05, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed 08/22/1997

5. Certifcate of Status Desired

4. FEI Number

59-3474959

Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00			
24	25	29 3	0		Trust Fund Contribution		Added to	Fees		
	9. Name and Address of Current F	Registered Agent	81	10. Name and Address of New Registered Agent						
				Name						
HESSEE, CLAUDE				Street Add	ress (P.O. Box Number is Not Accepta	ible)				
280 E. MERRITT AVE.										
MERRITT ISLAND FL 32953										
	STATE OF THE STATE		84	City			85 Zip C	ode		
						<u> </u>				
office or r	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of rn familiar with, and accept the obligatio	Florida. Such change was autl	horized by	the corporation	poration submits this statement for the on's board of directors. I hereby accep	purpose of it the appoir	cnanging its ntment as rec	registered pistered		
SIGNATURE	Signature, typed or printed name of registered agent as	od title if apolicable. (NOTE: 8	egistered Agen	t signature require	od when reinstating)	DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	ICERS AN	D DIRECTO	RS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE				Change	Addition		
NAME	FLECK, ROGER		1.2 NAME							
STREET ADDRESS	490 DIANA BLVD.		1.3 STREET	ADDRESS						
CITY-ST-ZIP	MERRITT ISLAND FL 32953		1.4 City-St	-Z!P						
TITLE	DV	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition		
NAME	SEITZ, RUTH	•	2.2 NAME	İ						
STREET ADDRESS	1340 GIRAND BLVD.		2.3 STREET	ADDRESS						
CITY-ST-ZIP	MERRITT ISLAND FL 32952		2.4 CITY-S	T- ZIP						
TITLE	DT	☐ DELETE	3.1 TITLE	_ _			Change	Addition		
NAME	Hughes, Betty		3.2 NAME							
STREET ADDRESS	2080 NEWFOUND HARBOR DR.		3.3 STREET	ADDRESS						
CITY-ST-ZIP	MERRITT ISLAND FL 32952		3.4. CITY+S	T-ZIP						
TITLE	DS	☐ DELETE	4.1 TITLE				Change	☐ Addition		
NAME	RENDELL, HEIDI		4. 2 NAME							
STREET ADDRESS	7012 HAMMOCK TRACE DR.		4.3 STREET	ADDRESS						
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		4.4 CITY-ST	-ZIP						
TITLE	D	☐ DELETE	5.1 TITLE				Change	☐ Addition		
NAME	HESSEE, PAT		5.2 NAME	}						
STREET ADDRESS	-		5.3 STREET							
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		5.4 CITY-ST	r-ZIP				500 A 201-		
TITLE.	D	☐ DELETE	6.1 TITLE	}			Change	Addition		
NAME	SCHEEN, RAY		6.2 NAME							
STREET ADORESS	1903 APPALOOSA LN.		6.3 STREET	ADDRESS						
CITY-ST-ZIP	MELBOURNE FL 32934		6.4 CITY-ST					<u> </u>		
14. I hereby o	certify that the information supplied with	this filing does not qualify for the	ne exempti	on stated in S	Section 119.07(3)(i), Florida Statutes, I	further cert	tify that the ir	normation		

indicated on this annual report or supplied with an address, in 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.

Applied For

\$8.75 Additional

Fee Required

Not Applicable