



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90006 007 \*\*\*\*61.25

<b>DOCUMENT # N97000005100</b> 1. Entity Name <b>LUTHERAN RETIREMENT CAMPUS OF MERRITT ISLAND INCORPORATED</b>					
Principal Place of Business <b>280 E. MERRITT AVE. MERRITT ISLAND, FL 32953</b>				Mailing Address <b>280 E. MERRITT AVE. MERRITT ISLAND, FL 32953</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3474959</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HESSEE, CLAUDE 280 E. MERRITT AVE. MERRITT ISLAND, FL 32953</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FLECK, ROGER 490 DIANA BLVD. MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COOK, CLARENCE 1514 STAFFORD AVENUE MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HUGHES, BETTY 2080 NEWFOUND HARBOR DR. MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HEATHCOTE, PAULINE 775 PLANTATION ROAD MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEEN, RAY 1903 APPALOOSA LN. MELBOURNE, FL 32934	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b> <i>Betty D. Hughes</i> <b>Treas</b> <b>2/5/04</b> <b>321-452-4080</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					



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Document Number

N97000005100

Business Entity Name

LUTHERAN RETIREMENT CAMPUS OF MERRITT ISLAND INCORPORATED

FEI Number 593474959

FEI Number Status ☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address 280 E. MERRITT AVE.

Suite, Apt. #, etc.

City, State MERRITT ISLAND, FL

Zip Code & Country 32953

Mailing Address

Address 280 E. MERRITT AVE.

Suite, Apt. #, etc.

City, State MERRITT ISLAND, FL

Zip Code & Country 32953

Name And Address of Registered Agent

Name (Last, First, Middle, Title) HESSEE, CLAUDE

-or- RA Business Name

Address 280 E. MERRITT AVE.

Suite, Apt. #, etc.

City, State MERRITT ISLAND, FL

Zip Code & Country 32953

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

attachment



# Division of Corporations

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Business Entity Name

**LUTHERAN RETIREMENT CAMPUS OF MERRITT ISLAND INCORPORATED**

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

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### Officer/Director Name And Address

Title DVP  
Name (Last, First, Middle, Title) FLECK ROGER  
-or- Entity Name  
Street Address 490 DIANA BLVD.  
City, State MERRITT ISLAND , FL  
Zip Code & Country 32953

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Title DVP  
Name (Last, First, Middle, Title) COOK CLARENCE  
-or- Entity Name  
Street Address 1514 STAFFORD AVENUE  
City, State MERRITT ISLAND , FL  
Zip Code & Country 32952

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Title DT  
Name (Last, First, Middle, Title) HUGHES BETTY  
-or- Entity Name  
Street Address 2080 NEWFOUND HARBOR DR.  
City, State MERRITT ISLAND , FL  
Zip Code & Country 32952

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Title DS  
Name (Last, First, Middle, Title) HEATHCOTE PAULINE  
-or- Entity Name  
Street-Address 775 PLANTATION ROAD

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City, State MERRITT ISLAND , FL

Zip Code & Country 32952

Title D

Name (Last, First, Middle, Title) SCHEEN RAY

-or- Entity Name

Street Address 1903 APPALOOSA LN.

City, State MELBOURNE , FL

Zip Code & Country 32934

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the  
'Officer/Director Signature' block below. A corporate name is not  
allowed in this block.

Title

Officer/Director Signature

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**Public Access Help**



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

January 30, 2004

LUTHERAN RETIREMENT CAMPUS OF MERRITT ISLAND INCORPORAT  
280 E. MERRITT AVE.  
MERRITT ISLAND, FL 32953

SUBJECT: LUTHERAN RETIREMENT CAMPUS OF MERRITT ISLAND  
INCORPORATED  
Ref. Number: N97000005100

Although you attempted to download an annual report form, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Ruby Dunlap  
Document Specialist

Letter Number: 404A00006535

10/10/2004

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