


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90015 007 ****61.25

DOCUMENT # N97000005100 1. Entity Name LUTHERAN RETIREMENT CAMPUS OF MERRITT ISLAND INCORPORATED					
Principal Place of Business 200 E. MERRITT AVE. MERRITT ISLAND, FL 32953			Mailing Address 200 E. MERRITT AVE. MERRITT ISLAND, FL 32953		
2. Principal Place of Business 1351 N Courtenay Pkwy Suite, Apt. #, etc. Suite BB City & State Merritt Island Florida Zip 32953		3. Mailing Address 1351 N Courtenay Pkwy Suite, Apt. #, etc. Suite BB City & State Merritt Island Florida Zip 32953		4. FEI Number 59-3474959	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent HESSEE, OLAUDE 200 E. MERRITT AVE. MERRITT ISLAND, FL 32953					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FLECK, ROGER 490 DIANA BLVD. MERRITT ISLAND, FL 32953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HESSEE, CRAIG 1351 N. COURTENAY PKWY, STE. BB MERRITT ISLAND FL 32953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COOK, CLARENCE 1514 STAFFORD AVENUE MERRITT ISLAND, FL 32952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS McWilliams, DEANNE 1351 N. COURTENAY PKWY, STE. BB MERRITT ISLAND, FL 32953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HUGHES, BETTY 2080 NEWFOUND HARBOR DR. MERRITT ISLAND, FL 32952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HEATHCOTE, PAULINE 775 PLANTATION ROAD MERRITT ISLAND, FL 32952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEEN, RAY 1903 APPALOOSA LN. MELBOURNE, FL 32934		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"/> Delete		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 exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div>					