

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005100

FILED
Jan 15, 2007
Secretary of State

Entity Name: LUTHERAN RETIREMENT CAMPUS OF MERRITT ISLAND INCORPORATED

Current Principal Place of Business:

1351 N COURTENAY PKWY
SUITE BB
MERRITT ISLAND, FL 32953

New Principal Place of Business:

1205 ADMIRALTY BLVD
ROCKLEDGE, FL 32955

Current Mailing Address:

1351 N COURTENAY PKWY
SUITE BB
MERRITT ISLAND, FL 32953

New Mailing Address:

1205 ADMIRALTY BLVD
ROCKLEDGE, FL 32955

FEI Number: 59-3474959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESSEE, CLAUDE
1351 N COURTENAY PKWY
SUITE BB
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

HESSEE, CLAUDE
1205 ADMIRALTY BLVD.
ROCKLEDGE, FL 32955 US

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.

SIGNATURE:

01/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: HESSEE, CRAIG
Address: 1351 N COURTENAY PKWY SUITE BB
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DS () Delete
Name: MCWILLIAMS, DEANNE
Address: 151 N COURTENAY PKWY SUITE BB
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: HESSEE, CRAIG
Address: 1205 ADMIRALTY BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: DS (X) Change () Addition
Name: MCWILLIAMS, DEANNE
Address: 1205 ADMIRALTY BLVD
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG S HESSEE

PRES

01/15/2007

Electronic Signature of Signing Officer or Director

Date