

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005100

FILED
Jan 29, 2009
Secretary of State

Entity Name: LUTHERAN RETIREMENT CAMPUS OF MERRITT ISLAND INCORPORATED

Current Principal Place of Business:

1900 S. HARBOR CITY BLVD.
#229
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

3810 MURRELL RD.
#336
ROCKLEDGE, FL 32955

New Mailing Address:

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
1205 ADMIRALTY BLVD.
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

DPT

01/29/2009

Electronic Signature of Signing Officer or Director

Date