

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90084 045 ****61.25

DOCUMENT # N97000005100

1. Entity Name

**LUTHERAN RETIREMENT CAMPUS OF MERRITT ISLAND INC
ORPORATED**



Principal Place of Business

**280 E. MERRITT AVE.
MERRITT ISLAND FL 32953**

Mailing Address

**280 E. MERRITT AVE.
MERRITT ISLAND FL 32953**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3474959**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HESSEE, CLAUDE
280 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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|--------------------------------------------|
| TITLE NAME | PD FLECK, ROGER | <input type="checkbox"/> Delete |
| STREET ADDRESS | 490 DIANA BLVD. | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32953 | |
| TITLE NAME | DVP COOK, CLARENCE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1514 STAFFORD AVENUE | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32952 | |
| TITLE NAME | DT HUGHES, BETTY | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2080 NEWFOUND HARBOR DR. | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32952 | |
| TITLE NAME | DS HEATHCOTE, PAULINE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 775 PLANTATION ROAD | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32952 | |
| TITLE NAME | D HESSEE, CLAUDE | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 215 GLENGARRY AVENUE | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | |
| TITLE NAME | D SCHEEN, RAY | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1903 APPALOOSA LN. | |
| CITY-ST-ZIP | MELBOURNE FL 32934 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------|------------------------------------------------------------------------------|
| TITLE NAME | DY P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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.

SIGNATURE:

Betty Hughes
REQUIRED

2/27/03 321-452-4080

CR2E037 (10/02)