

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90042 037 \*\*\*\*61.25

**DOCUMENT # 702148**

1. Entity Name

SECOND CHURCH OF CHRIST, SCIENTIST,  
MELBOURNE, FLORIDA, INC.



Principal Place of Business

MELBOURNE, FLORIDA, INC.  
565 MONTREAL AVE.  
MELBOURNE FL 32935-4006  
7006

Mailing Address

MELBOURNE, FLORIDA, INC.  
565 MONTREAL AVE.  
MELBOURNE FL 32935-4006  
7006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STURGELL, JAMES O  
397 BERKELEY ST  
SATELLITE BEACH FL 32937

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**  
**Due By May 1, 2004**

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	D	<input type="checkbox"/> Delete
NAME	PRICE, RUSSELL	
STREET ADDRESS	769 BOC CIRCLE NW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	HATCH, ALTHA	
STREET ADDRESS	1966 OAKWOOD DR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	STURGELL, JAMES O.	
STREET ADDRESS	397 BERKELEY ST.	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELSIE STANTON	
STREET ADDRESS	10640 S. TROPICAL TR.	
CITY-ST-ZIP	MERRITT ISLAND, FL. 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAROL PRICE	
STREET ADDRESS	769 BOC CIRCLE NW	
CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:**

*James O. Sturgell*

JAMES O. STURGELL

2-25-2004

321-777-0045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #