

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90035 049 ****61.25

DOCUMENT # 702148

1. Entity Name

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



Principal Place of Business Mailing Address

MELBOURNE, FLORIDA, INC. 565 MONTREAL AVE. MELBOURNE FL 32935

MELBOURNE, FLORIDA, INC. 565 MONTREAL AVE. MELBOURNE FL 32935

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 Applied For

70-2148150 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**STURGELL, JAMES O
 397 BERKELEY ST
 SATELLITE BEACH FL 32937**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	SD	<input checked="" type="checkbox"/> Delete
NAME	PRICE, CAROL	
STREET ADDRESS	769 BOC CIRCLE NORTHWEST	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUCK, ANN	
STREET ADDRESS	775 SOUTH ROBIN WAY	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAN OHARA	
STREET ADDRESS	810 TRADEWINDS DR.	
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL. 32937	

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	S	<input checked="" 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 exemptions contained in Section 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: *James O. Sturgell* *James O. Sturgell* 1-21-06 397-277-0015