


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 MELBOURNE, FLORIDA, INC. 565 MONTREAL AVE. MELBOURNE FL 32935			Mailing Address MELBOURNE, FLORIDA, INC. 565 MONTREAL AVE. MELBOURNE FL 32935																																																																																																																										
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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																																																																																																																									
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make Check Payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PRICE, RUSSELL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>769 BOC CIRCLE NW</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BAY FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DC</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HATCH, ALTHA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1966 OAKWOOD DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MELBOURNE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DT</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STURGELL, JAMES O.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>397 BERKELEY ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SATELLITE BEACH FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PRICE, CAROL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>769 BOC CIRCLE NORTHWEST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BAY FL 32907</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HAUCK, ANN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>775 SOUTH ROBIN WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SATELLITE BEACH FL 32937</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FRAN OHARA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>810 TRADEWINDS DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>INDIAN HARBOR BEACH, FL. 32937</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						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		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		
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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* 1-21-06 321-222-1015