


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90013 031 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 70-2148150	
Zip		Country BREVARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	PRICE, RUSSELL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		769 BOC CIRCLE NW		NAME	
STREET ADDRESS		PALM BAY FL		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	DC	HATCH, ALTHA		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1966 OAKWOOD DR.		NAME	
STREET ADDRESS		MELBOURNE FL		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	DT	STURGELL, JAMES O.		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		397 BERKELEY ST.		NAME	
STREET ADDRESS		SATELLITE BEACH FL		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	HAUCK, ANN		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		775 SOUTH ROBIN WAY		NAME	
STREET ADDRESS		SATELLITE BEACH FL 32937		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	OHARA, FRAN		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		810 TRADEWINDS DR		NAME	
STREET ADDRESS		INDIAN HARBOR BCH FL 32937		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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*

321-777-00