


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 702294 (0)
1. Corporation Name
CHURCH OF CHRIST OF MELBOURNE FLORIDA INC



Principal Place of Business 810 HOLLYWOOD BLVD WEST MELBOURNE F 32904 US	Mailing Address PO BOX 1206 MELBOURNE FL 32902-1206 US
--	--

3. Date Incorporated or Qualified 04/17/1961	
4. FEI Number 59-1054852	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 810 HOLLYWOOD BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 W. MELBOURNE, FL
Zip 24	Country 30 US
Country 25	Zip 29 32904

9. Name and Address of Current Registered Agent

**TOMLINSON, JACK W.
1493 LIME DRIVE
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRADLEY, DAVID W	
STREET ADDRESS	550 LAKE ASHLEY CRCL.	
CITY-ST-ZIP	W MELBOURNE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TOMLINSON, JACK	
STREET ADDRESS	1493 LIME DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CAUDILL, CARTER L.	
STREET ADDRESS	1220 ASHLYN DR.	
CITY-ST-ZIP	W MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEELER, BILL	
STREET ADDRESS	984 PEACHLAND AVE., NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NICKENS, DONALD	
STREET ADDRESS	3585 HAMMOCK TR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JACK	
STREET ADDRESS	1833 SYCAMORE ROAD	
CITY-ST-ZIP	MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PD NICKENS, DON
5.3 STREET ADDRESS	3585 HAMMOCK TR
5.4 CITY-ST-ZIP	MELBOURNE, FL 32934
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jack W. Tomlinson* JACK W. TOMLINSON 4-1-98 407-723-8233

CR2E037 (10/97)