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04-05-1999 90021 016 ****61.25

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 702294

1. Corporation Name

CHURCH OF CHRIST OF MELBOURNE FLORIDA INC

Principal Place of Business

810 HOLLYWOOD BLVD
 WEST MELBOURNE F 32904
 US

Mailing Address

810 HOLLYWOOD BLVD
 W. MELBOURNE FL 32904
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/17/1961

4. FEI Number

59-1054852

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **SD TOMLINSON, JACK**
 STREET ADDRESS **1493 LIME DRIVE**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE DELETE
 NAME **T CAUDILL, CARTER L.**
 STREET ADDRESS **1220 ASHLYN DR.**
 CITY-ST-ZIP **W MELBOURNE FL**

TITLE DELETE
 NAME **D PEELER, BILL**
 STREET ADDRESS **984 PEACHLAND AVE., NE**
 CITY-ST-ZIP **PALM BAY FL**

TITLE DELETE
 NAME **PD NICKENS, DONALD**
 STREET ADDRESS **3565 HAMMOCK TR**
 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE DELETE
 NAME **D WILLIAMS, JACK**
 STREET ADDRESS **1633 SYCAMORE ROAD**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME **PD NICKENS, DON**
 4.3 STREET ADDRESS **3565 HAMMOCK TR.**
 4.4 CITY-ST-ZIP **MELBOURNE, FL 32934**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME **D SEAMON, PATRICK**
 6.3 STREET ADDRESS **727 I SAR AVE. NW**
 6.4 CITY-ST-ZIP **PALM BAY, FL 32907**

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, with all other like empowered.

SIGNATURE:

Jack W. Tomlinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK W. TOMLINSON - 4-1-99 407-723-8233

Date

Daytime Phone #

CR2E037 (4/1/98)