

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702294

1. Entity Name

CHURCH OF CHRIST OF MELBOURNE FLORIDA INC

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90295 023 ****61.25

Principal Place of Business

Mailing Address

810 HOLLYWOOD BLVD
 WEST MELBOURNE F 32904
 US

810 HOLLYWOOD BLVD
 W. MELBOURNE FL 32904-7418
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1054852

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOMLINSON, JACK W.
1493 LIME DRIVE
MELBOURNE FL 32935

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SEAMON, PATRICK**
 STREET ADDRESS **727 I SAR AVE., NW**
 CITY-ST-ZIP **PALM BAY FL 32407**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Jack W. Tomlinson
JACK W. TOMLINSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 10, 2000

Date

321-259-2628

Daytime Phone #

CR2E037 (9/99)