

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90075 017 ****61.25

DOCUMENT # 702294

1. Entity 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**



DO NOT WRITE IN THIS SPACE

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	<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	PD	<input type="checkbox"/> Delete
NAME	NICKENS, DON	
STREET ADDRESS	3565 HAMMOCK TR	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JACK	
STREET ADDRESS	1633 SYCAMORE ROAD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEAMON, PATRICK	
STREET ADDRESS	727 I SAR AVE., NW	
CITY-ST-ZIP	PALM BAY FL 32407	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	FENNELL, TOM	
CITY-ST-ZIP	687 RALEIGH RD, SE PALM BAY, FL 32909	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

JAN 10, 2001

321-259-2628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)