

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 03, 2004  
Secretary of State**

DOCUMENT# 702294

Entity Name: CHURCH OF CHRIST OF MELBOURNE FLORIDA INC

**Current Principal Place of Business:**

810 HOLLYWOOD BLVD  
WEST MELBOURNE, F 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

810 HOLLYWOOD BLVD  
W. MELBOURNE, FL 32904 US

**New Mailing Address:**

FEI Number: 59-1054852      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMPSON, KATHY D MRS.  
277 BUTLER AVE NE  
PALM BAY, FL 32907 US

**Name and Address of New Registered Agent:**

DAVIS, SANDY MRS.  
2679 VINING STREET  
WEST MELBOURNE, FL 32904 US

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: SANDY DAVIS

08/03/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: TOMLINSON, JACK  
Address: 1062 BAINBURY LANE  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: T ( ) Delete  
Name: CAUDILL, CARTER  
Address: 1220 ASHLYN DR.  
City-St-Zip: W MELBOURNE, FL 32904

Title: D ( ) Delete  
Name: PEELER, BILL  
Address: 984 PEACHLAND AVE., NE  
City-St-Zip: PALM BAY, FL 32907

Title: PD ( ) Delete  
Name: NICKENS, DON  
Address: 3565 HAMMOCK TR  
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete  
Name: FENNEL, TOM  
Address: 687 RALEIGH RD SE  
City-St-Zip: PALM BAY, FL 32909

Title: D ( ) Delete  
Name: SEAMON, PATRICK  
Address: 727 I SAR AVE., NW  
City-St-Zip: PALM BAY, FL 32407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: HEWETT, JESSIE  
Address: 703 NIDA DRIVE  
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM FENNEL

D

08/03/2004

Electronic Signature of Signing Officer or Director

Date