

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 14, 2009
Secretary of State

DOCUMENT# 702294

Entity Name: CHURCH OF CHRIST OF MELBOURNE FLORIDA INC

Current Principal Place of Business:

810 HOLLYWOOD BLVD
WEST MELBOURNE, FL 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:

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

Name and Address of New Registered Agent:

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:

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: HEWETT, JESSIE
Address: 703 NIDA DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Delete
Name: LOVELACE, MIKE
Address: 900 PLYMOUTH CT NE
City-St-Zip: PALM BAY, FL 32905

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: 206 BRIGHTWATER DR.
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: LOVELACE, MIKE
Address: 900 PLYMOUTH CT NE
City-St-Zip: PALM BAY, FL 32905

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

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

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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 exemption stated in Chapter 119, 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: MRS SANDY DAVIS

RA

09/14/2009

Electronic Signature of Signing Officer or Director

Date