2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 702294

Entity Name: CHURCH OF CHRIST OF MELBOURNE FLORIDA INC

FILED Mar 13, 2003 Secretary of State

Current Pr	incipal Place of Business:	New Princ	ipal Place of Business:	
	WOOD BLVD BOURNE, F 32904 US			
Current Mailing Address:		New Maili	New Mailing Address:	
810 HOLLYWOOD BLVD W. MELBOURNE, FL 32904 US				
FEI Number: 59-1054852 FEI Number Applied For () FEI Number		Number Not App	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
SIMPSON, KATHY D MRS. 277 BUTLER AVE NE PALM BAY, FL 32907 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:				
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SD () Delete TOMLINSON, JACK, 1493 LIME DRIVE MELBOURNE, FL	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition TOMLINSON, JACK 1062 BAINBURY LANE WEST MELBOURNE, FL 32904	
Title: Name: Address: City-St-Zip:	T () Delete CAUDILL, CARTER L., 1220 ASHLYN DR. W MELBOURNE, FL	Title: Name: Address: City-St-Zip:	T (X) Change () Addition CAUDILL, CARTER 1220 ASHLYN DR. W MELBOURNE, FL 32904	
Title: Name: Address: City-St-Zip:	D () Delete PEELER, BILL 984 PEACHLAND AVE., NE PALM BAY, FL	Title: Name: Address: City-St-Zip:	D (X) Change () Addition PEELER, BILL 984 PEACHLAND AVE., NE PALM BAY, FL 32907	
Title: Name: Address: City-St-Zip:	PD () Delete NICKENS, DON 3565 HAMMOCK TR MELBOURNE, FL 32934	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete FENNELL, TOM 687 RALEIGH RD SE PALM BAY, FL 32909	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete SEAMON, PATRICK 727 I SAR AVE., NW PALM BAY, FL 32407	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: KATHY D SIMPSON MRS 03/13/2003