


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90018 035 \*\*\*\*61.25

|  |  |   |   |  |   |
|--|--|---|---|--|---|
| <b>DOCUMENT # 704077</b><br>1. Entity Name<br>FIRST CHURCH OF CHRIST, SCIENTIST, MELBOURNE, FLORIDA  |  |   |   |   |   |
| Principal Place of Business<br>600 E MELBOURNE AVE<br>MELBOURNE, FL 32901  |  |   | Mailing Address<br>600 E MELBOURNE AVE<br>MELBOURNE, FL 32901 |  |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.                     |  |   |
| City & State   |  |   | City & State  |  |   |
| Zip  |  | Country   |   | 4. FEI Number<br>05-0025010  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br><br>WILT, MELVIN<br>885 OAKWOOD DR<br>MELBOURNE, FL 32940   |  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>BRYAN SMITH</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>872 OAKWOOD DR.</b><br>City <b>MELBOURNE</b> FL Zip Code <b>32940</b> |   |
| 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u>Bryan F Smith</u> DATE <u>1/14/08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |  |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |   |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>WILT, MELVIN<br>885 OAKWOOD DR.<br>MELBOURNE, FL 32940            | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>CHAN, LISA<br>1304 GOLF VISTA CT. NE<br>PALM BAY, FL 32905   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>SMITH, BRYAN<br>872 OAKWOOD DR<br>MELBOURNE, FL 32940             | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>GUNNARSON, SUSAN<br>5663 STAR RUSH DR #205<br>MELBOURNE, FL 32940 | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | LEONARD, DARYL<br>8520 US HWY 1, #H-6<br>MICCO, FL 32976          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>RANGES, JOHN<br>266 SAND DOLLAR RD<br>INDIALANTIC, FL 32903       | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>GOETZ, SHIRLEY<br>1327 TULIP CT<br>BAREFOOT BAY, FL 32976         | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |  |   |   |  |   |
| <b>SIGNATURE:</b> <u>Bryan F Smith</u> <b>BRYAN F SMITH</b> <u>1/14/08</u> <u>(321) 757-6744</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |   |  |   |