2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am[§] Secretary of State **DOCUMENT # 704461** 1. Entity Name THE CHURCH OF CHRIST OCEANSIDE INC. 05-10-2001 90230 017 ****70.00 Mailing Address Principal Place of Business 104 N.E. 3RD STREET 104 NE THIRD ST SATTELITE BEACH FL 32937 SATTELLITE BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-6146026 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MEREDITH, HAROLD L. 411 GRANT AVE SATELLITE BEACH FL 32937 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. , D Addition Delete ☐ Change TITLE TITLE steuc Lindsey CONN, JAMES NAME NAME 4065 Garvin Lake Dr STREET ADDRESS STREET ADDRESS 170 MIAMI Bay FL CITY-ST-ZIP 32909 CITY-ST-ZIP INDIALANTIC FL 32903 DP Change Change ☐ Addition TITLE Delete TITLE MEREDITH, HAROLD NAME STREET ADDRESS STREET ADDRESS **421 PENGUIN DR** zir = 32937 CITY-ST-ZIP CITY-ST-ZIP SATELLITE BCH, FL 00000 ☐ Addition TITLE Delete MEREDITH, DAVID NAME STREET ADDRESS STREET ADDRESS 411 GRANT AVE CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL 32937 Change ☐ Addition ☐ Delete TITLE WERNER, WILLIAM NAME NAME 4688 CANARD RD STREET ADDRESS STREET ADDRESS ZIP = 32934 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL ∏ Addition TITLE ☐ Delete TITLE ANDERSON, NELSON J NAME NAME 1438 PACE DR NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32907 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED