2002 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2002 8:00 am DOCUMENT # 704461 **Secretary of State** 1 Entity Name 02-27-2002 90037 049 ****70.00 THE CHURCH OF CHRIST OCEANSIDE INC. Principal Place of Business Mailing Address 104 NE THIRD ST 104 N.E. 3RD STREET SATTELLITE BEACH FL 32937 SATTELITE BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6146026 Satellite Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent MEREDITH, HAROLD L. Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change Addition LINDSEY, STEVE NAME NAME 4065 GARVIN LAKE DRIVE STREET ADDRESS STREET ADDRESS PALM BAY FL 32909 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MEREDITH, HAROLD NAME **421 PENGUIN DR** STREET ADDRESS STREET ADDRESS SATELLITE BEACH FL 32937 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change MEREDITH, DAVID NAME NAME 411 GRANT AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP SATELLITE BEACH FL 32937 CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition WERNER, WILLIAM NAME NAME 4688 CANARD RD STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32934** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition ANDERSON, NELSON J NAME NAME 1438 PACE DR NW STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

COULDE FEE EDLIR FTREGgarer

2/17/02 321-728-5515

FILED