


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90055 009 \*\*\*\*70.00

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<b>DOCUMENT # 704461</b> 1. Entity Name THE CHURCH OF CHRIST OCEANSIDE INC.																																																																																																																																									
Principal Place of Business 104 NE THIRD ST SATELLITE BEACH, FL 32937 US			Mailing Address 104 NE THIRD ST SATELLITE BEACH, FL 32937 US																																																																																																																																						
2. Principal Place of Business		3. Mailing Address																																																																																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																							
City & State		City & State																																																																																																																																							
Zip	Country	Zip	Country	4. FEI Number 59-6146026																																																																																																																																					
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																					
6. Name and Address of Current Registered Agent  MEREDITH, HAROLD L. 411 GRANT AVE SATELLITE BEACH, FL 32937			7. Name and Address of New Registered Agent - Name - Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>																																																																																																																																						
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.																																																																																																																																									
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																					
<b>Make check payable to Florida Department of State</b>																																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. 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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.																																																																																																																																									
<b>SIGNATURE:</b> <u>W.S. Werner</u> William Werner Treas <span style="float: right;">1/16/05 321-327-6338</span>																																																																																																																																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>																																																																																																																																									