


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 12, 2008 8:00 am
Secretary of State

08-12-2008 90025 037 ****61.25

DOCUMENT # 707168 1. Entity Name FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF MELBOURNE, INC.					
Principal Place of Business 2010 S. BABCOCK ST. MELBOURNE FL 32901			Mailing Address 2010 S. BABCOCK ST. MELBOURNE FL 32901		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-6135903 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				2nd MOORE CR2E037 (4/08)	
6. Name and Address of Current Registered Agent REYNOLDS, ROBERT 685 JOHN HANCOCK LN MELBOURNE FL 32901					
7. Name and Address of New Registered Agent Name: JENNINGS, HELEN Street Address (P.O. Box Number is Not Acceptable) 2022 SIERRA AVE. City: MELBOURNE FL Zip Code: 32935				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: <i>Helen Jennings</i> 8/06/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees FILE NOW: FEE IS \$61.25 Due By September 3, 2008 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB REYNOLDS, ROBERT 685 JOHN HANCOCK LN MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB HELEN JENNINGS 2022 SIERRA AVE. MELBOURNE-FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STARK, GARY 221 BETH LN. #83 MELBOURNE FL 32904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TMOSE, LARRY 5806 LIVE OAK AVENUE MELBOURNE FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC REYNOLDS, BRENDA 685 JOHN HANCOCK LANE MELBOURNE FL 32904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC DARR, BILL 223 1/2 CHINA BERRY CIR. SE PALM BAY FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS JENNINGS, PAUL 2022 SIERRA AVE MELBOURNE FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE: *Helen Jennings* **8/06/08** 321-723-6831