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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **707359** (6)

1. Corporation Name

CHURCH OF CHRIST OF EAU GALLIE INC

Principal Place of Business

Mailing Address

**1079 SARNO RD.
P.O. BOX 360277
MELBOURNE FL 32936-0277**

**1079 SARNO RD.
P.O. BOX 360277
MELBOURNE FL 32936-0277**

3. Date Incorporated or Qualified

05/27/1964

4. FEI Number

59-2082316

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATTERSON, DAVID R.
240 N. BABCOCK ST.
416 S BABCOCK STREET
MELBOURNE FL 32935**

81 Name **LEE O'QUINN**
82 Street Address (P.O. Box Number is Not Acceptable) **1760 MALLARD LAKE RD**
83 **MELBOURNE FL 32940**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

3-30-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ED** ☒ DELETE
NAME **WEBB, NORMAN**
STREET ADDRESS **3402 REKENS STR**
CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE **STD** ☐ Change ☒ Addition
1.2 NAME **O'QUINN LEE**
1.3 STREET ADDRESS **1760 MALLARD LAKE RD**
1.4 CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **ED** ☒ DELETE
NAME **PARHAM, RICHARD**
STREET ADDRESS **1400 STETSON CIRCLE EAST**
CITY-ST-ZIP **COCOA FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **FANCHER, TODD**
2.3 STREET ADDRESS **531 RAYNER ST NE**
2.4 CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE **STD** ☒ DELETE
NAME **PATTERSON, DAVID R.**
STREET ADDRESS **108 SEA PARK BLVD**
CITY-ST-ZIP **SATELLITE BEACH FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **TRASK, DENNIS**
3.3 STREET ADDRESS **659 CHARLES**
3.4 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **D** ☐ DELETE
NAME **JAMES C. FUNK**
STREET ADDRESS **1209 PAWNEE TERRACE**
CITY-ST-ZIP **INDIAN HARBOUR BEACH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DONALD BANKS**
STREET ADDRESS **779 BAYVIEW AVENUE, NE**
CITY-ST-ZIP **PALM BAY FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **RAYMOND KERCHER**
STREET ADDRESS **835 SANDERLING DR**
CITY-ST-ZIP **MELBOURNE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

3-30-98

CR2E037 (10/97)