

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90081 038 ****61.25

DOCUMENT # 707359

1. Corporation Name

CHURCH OF CHRIST OF EAU GALLIE INC

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

05/27/1964

4. FEI Number

59-2082316

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

O'QUINN, LEE
1760 MALLARD LAKE RD
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE
NAME O'QUINN, LEE
STREET ADDRESS 1760 MALLARD LAKE RD
CITY-ST-ZIP MELBOURNE FL 32940

TITLE D ☐ DELETE
NAME FANCHER, TODD
STREET ADDRESS 521 RAINIER ST NE
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ DELETE
NAME TRASK, DENNIS
STREET ADDRESS 659 CHARLES
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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME DAVID PATTERSON
1.3 STREET ADDRESS 905 N. HARBOR CITY BLVD #206
1.4 CITY-ST-ZIP MELBOURNE, FL 32925

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 (407) 253-1402

CR2E037 (1/98)