

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 707359**

1. Entity Name

**CHURCH OF CHRIST OF EAU GALLIE INC****FILED****May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90153 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1079 SARNO RD.  
P.O. BOX 360277  
MELBOURNE FL 32936-02771079 SARNO RD.  
P.O. BOX 360277  
MELBOURNE FL 32936-0277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-2082316

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PATTERSON, DAVID  
CITY-ST-ZIP 905 N HARBOR CITY BLVD #206  
MELBOURNE FL 32925TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Delete  
NAME D  
STREET ADDRESS FANCHER, TODD  
CITY-ST-ZIP 521 RAINER ST NE  
PALM BAY FL 32907TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME D  
STREET ADDRESS TRASK, DENNIS  
CITY-ST-ZIP 659 CHARLES  
MELBOURNE FL 32935TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME D  
STREET ADDRESS JAMES C. FUNK  
CITY-ST-ZIP 1209 PAWNEE TERRACE  
INDIAN HARBOUR BEACH FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME D  
STREET ADDRESS DONALD BANKS  
CITY-ST-ZIP 779 BAYVIEW AVENUE, NE  
PALM BAY FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME D  
STREET ADDRESS RAYMOND KERCHER  
CITY-ST-ZIP 835 SANDERLING DR  
MELBOURNE FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)