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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721602 (1)

1. Corporation Name

EAU GALLIE CHRISTIAN CHURCH OF MELBOURNE, FLORIDA
A

Principal Place of Business

Mailing Address

FLORIDA
1660 CROTON RD
MELBOURNE FL 32935

FLORIDA
1660 CROTON RD
MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/30/1971	3a. Date of Last Report 02/10/1994
4. FEI Number 59-1035312	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, RICHARD A.
1095 LYNBROOK ST NW
PALM BAY FL 32907

81 Name John Wolfe
82 Street Address (P.O. Box Number is Not Acceptable) 1426 Paul St.
83
84 City Melbourne
85 State FL
86 Zip Code 32935

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE John Wolfe **JOHN WOLFE TREASURER** 2/10/95
Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	NAME BROWN, RICK	1.1 TITLE TD	1.2 NAME Wolfe, John
STREET ADDRESS 1095 LYNBROOK ST NW	CITY-ST-ZIP PALM BAY FL	1.3 STREET ADDRESS 1426 Paul St.	1.4 CITY-ST-ZIP Melbourne, FL 32935
TITLE CD	NAME MCTAGGART, JERRY	2.1 TITLE	2.2 NAME
STREET ADDRESS 449 HATCHER ST SE	CITY-ST-ZIP PALM BAY FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE SD	NAME WOLFE, JOHN	3.1 TITLE SD	3.2 NAME Dean Snyder
STREET ADDRESS 1426 PAUL ST	CITY-ST-ZIP MELBOURNE FL	3.3 STREET ADDRESS 3324 Wind Surf Way	3.4 CITY-ST-ZIP Melbourne, FL 32951
TITLE VD	NAME BINFORD, MARSHALL	4.1 TITLE	4.2 NAME
STREET ADDRESS 1808 BUICK AVE	CITY-ST-ZIP MELBOURNE FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 amendment with an address.

SIGNATURE: John Wolfe **JOHN WOLFE** 1/21/95 **407-259-2886**
Signature and typed or printed name of signing officer or director. (Date) (Telephone Number)