

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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, FLORID  
A



Principal Place of Business: FLORIDA, 1660 CROTON RD, MELBOURNE FL 32935  
Mailing Address: FLORIDA, 1660 CROTON RD, MELBOURNE FL 32935

3. Date Incorporated or Qualified: 08/30/1971  
3a. Date of Last Report: 02/13/1995

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country

4. FEI Number: 59-1035312  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [ ] No [x]

9. Name and Address of Current Registered Agent  
WOLFE, JOHN  
1428 PAUL ST.  
MELBOURNE FL 32935

10. Name and Address of New Registered Agent  
81 Name: Russell, David  
82 Street Address (P.O. Box Number is Not Acceptable): 4300 Canard Rd  
83  
84 City: Melbourne FL 85 Zip Code: 32934

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] 6-2-96  
Signature, typed or printed name of registered agent and title if applicable. INCL: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WOLFE, JOHN	
STREET ADDRESS	1426 PAUL ST.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MCTAGGART, JERRY	
STREET ADDRESS	449 HATCHER ST SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, DEAN	
STREET ADDRESS	3324 WIND SURF WAY	
CITY-ST-ZIP	MELBOURNE FL 32951	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BINFORD, MARSHALL	
STREET ADDRESS	1808 BUICK AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Russell, David	
1.3 STREET ADDRESS	4300 Canard Rd	
1.4 CITY-ST-ZIP	Melbourne FL 32934	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Haven, George	
3.3 STREET ADDRESS	1890 Tallpine Rd	
3.4 CITY-ST-ZIP	Melbourne FL 32935	
4.1 TITLE	L/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bressler, Eugene	
4.3 STREET ADDRESS	1440 Donna Marie Dr	
4.4 CITY-ST-ZIP	Melbourne FL 32904	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700001859467	
6.3 STREET ADDRESS	-06/12/96--01032--029	
6.4 CITY-ST-ZIP	***61.25	

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 119.07(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 attachment with an address.

SIGNATURE: [Signature] David E Russell 4-29-96 407-253-3078  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)