

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
 Oct 08 1998 8:00am
 Secretary of State

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

2. Principal Place of Business

2. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

RUSSELL, DAVID
 4300 CANARD RD
 MELBOURNE FL 32934

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12
 1.1 TITLE TD
 1.2 NAME RUSSELL, DAVID [] DELETE
 1.3 STREET ADDRESS 4300 CANARD RD
 1.4 CITY-ST-ZIP MELBOURNE FL
 2.1 TITLE CD [] DELETE
 2.2 NAME MCTAGGART, JERRY
 2.3 STREET ADDRESS 449 HATCHER ST SE
 2.4 CITY-ST-ZIP PALM BAY FL
 3.1 TITLE D [] DELETE
 3.2 NAME HAVEN, GEORGE
 3.3 STREET ADDRESS 1890 TALLPINE RD
 3.4 CITY-ST-ZIP MELBOURNE FL
 4.1 TITLE S [] DELETE
 4.2 NAME BRESSLER, EUGENE
 4.3 STREET ADDRESS 1440 DONNA MARIE DR.
 4.4 CITY-ST-ZIP MELBOURNE FL
 5.1 TITLE [] DELETE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE [] DELETE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

13.
 1.1 TITLE TD
 1.2 NAME Galbraith, Bob [X] Change [] Addition
 1.3 STREET ADDRESS 1010 Lytton
 1.4 CITY-ST-ZIP Melbourne FL 32935 [] Change [] Addition
 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE [X] Change [] Addition
 3.2 NAME
 3.3 STREET ADDRESS 468 Winchester Rd.
 3.4 CITY-ST-ZIP Satellite Beach, FL 32937 [] Change [] Addition
 4.1 TITLE
 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.

SIGNATURE: *Jerry McTaggart* Jerry McTaggart 9-28-98 407-727-8261
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)