

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 721602

Corporation Name

EAU GALLIE CHRISTIAN CHURCH OF MELBOURNE, FLORIDA

Principal Place of Business

FLORIDA  
60 CROTON RD  
MELBOURNE FL 32935

Mailing Address

FLORIDA  
1660 CROTON RD  
MELBOURNE FL 32935

FILED  
Sep 10, 1999 8:00 am  
Secretary of State

09-10-1999 90011 028 \*\*\*\*61.25

614329-90011-28



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/30/1971	
City & State		City & State		4. FEI Number	
Zip		Zip		59-1035312	
Country		Country		Applied For	
25		29		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
RUSSELL, DAVID				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
4300 CANARD RD				Trust Fund Contribution	
MELBOURNE FL 32934				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	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP		2.1 TITLE		2.2 NAME	
		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
		3.1 TITLE		3.2 NAME	
		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
		4.1 TITLE		4.2 NAME	
		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
		5.1 TITLE		5.2 NAME	
		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
		6.1 TITLE		6.2 NAME	
		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

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]* 9-6-99 407-727-8261  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR