

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90041 034 \*\*\*\*61.25

DOCUMENT # 721602

1. Entity Name

EAU GALLIE CHRISTIAN CHURCH OF MELBOURNE, FLORID

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1035312

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, DAVID  
4300 CANARD RD  
MELBOURNE FL 32934

Delete

7. Name and Address of New Registered Agent

Name

Bob Galbraith

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

1610 Lytton Rd  
Melbourne

City

FL

Zip Code

32934

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

|                |                        |  |
|----------------|------------------------|--|
| TITLE<br>NAME  | TD<br>GALBRAITH, BOB   | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 1010 LYTTON            |  |
| CITY-ST-ZIP    | MELBOURNE FL 32935     |  |
| TITLE<br>NAME  | CD<br>MCTAGGART, JERRY | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 449 HATCHER ST SE      |  |
| CITY-ST-ZIP    | PALM BAY FL            |  |
| TITLE<br>NAME  | D<br>PAGE, RICK        | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 2483 DAKOTA DR         |  |
| CITY-ST-ZIP    | MELBOURNE FL 32935     |  |
| TITLE<br>NAME  | D<br>ARMSTRONG, SCOTT  | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 1211 GIRALDA CIR NW    |  |
| CITY-ST-ZIP    | PALM BAY FL 32907      |  |
| TITLE<br>NAME  | D<br>ARMSTRONG, NORMAN | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 1211 GIRALDA CIR NW    |  |
| CITY-ST-ZIP    | PALM BAY FL 32907      |  |
| TITLE<br>NAME  |                        | <input type="checkbox"/> Delete            |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE<br>NAME  | D<br>Dick Grannell            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 1900 Adams Ave                |  |
| CITY-ST-ZIP    | Melbourne, FL 32935           |  |
| TITLE<br>NAME  | D<br>Douglas W. Lesson        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 4593 Red Sail Way             |  |
| CITY-ST-ZIP    | Indiantown Beach, FL 32937    |  |
| TITLE<br>NAME  | D<br>David Westford           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 1201 Pawnee Terrace           |  |
| CITY-ST-ZIP    | Indian Harbor Beach, FL 32937 |  |
| TITLE<br>NAME  |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE<br>NAME  |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 #

Robert Galbraith

4/17/01

321-274-6696

CR2E037 (10/00)