

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90021 023 \*\*\*\*61.25

**DOCUMENT # 721602**

1. Entity Name

**EAU GALLIE CHRISTIAN CHURCH OF MELBOURNE, FLORID  
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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1035312**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALBRAITH, BOB  
1010 LYTTON ROAD  
MELBOURNE FL 32934**

Name **Scott Armstrong**  
Street Address (P.O. Box Number is Not Acceptable)  
**1069 LEE AVENUE N.W.**  
City **PALM BAY** FL Zip Code **32907**

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 Scott Armstrong, Elder Scott Armstrong 03/25/02  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD GALBRAITH, BOB 1010 LYTTON MELBOURNE FL 32935</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WEIDFORD, DAVID 1201 PAWNEE TERRACE INDIAN HARBOR BEACH FL 32937</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WADESON, DOUGLAS 453 RED SAIL WAY SATELLITE BEACH FL 32937</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ARMSTRONG, SCOTT 1211 GIRALDA CIR NW PALM BAY FL 32907</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ARMSTRONG, NORMAN 1211 GIRALDA CIR NW PALM BAY FL 32907</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRANNELL, DICK 1980 ADAMS AVENUE MELBOURNE FL 32935</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WOODFORD, DAVID 1201 PAWNEE TERRACE INDIAN HARBOR BEACH, FL 32937</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ARMSTRONG, SCOTT 1069 LEE AVENUE N.W. PALM BAY, FL 32907</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ARMSTRONG, NORMAN 473 ARCHER ROAD S.E. PALM BAY, FL 32909</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Scott Armstrong Scott Armstrong 03/25/02 321-454-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)