

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 FLORIDA 1660 CROTON RD MELBOURNE FL 32935	Mailing Address FLORIDA 1660 CROTON RD MELBOURNE FL 32935
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1035312	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GALBRAITH, BOB
1010 LYTTON ROAD
MELBOURNE FL 32934

7. Name and Address of New Registered Agent
 Name **Scott Armstrong**
 Street Address (P.O. Box Number is Not Acceptable)
1069 LEE AVENUE N.W.
 City **PAUM 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALBRAITH, BOB 1010 LYTTON MELBOURNE FL 32935	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIDFORD, DAVID <i>ST</i> 1201 PAWNEE TERRACE <i>SP</i> INDIAN HARBOR BEACH FL 32937	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADESON, DOUGLAS 453 RED SAIL WAY SATELLITE BEACH FL 32937	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, SCOTT 1211 GIRALDA CIR NW PALM BAY FL 32907	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, NORMAN 1211 GIRALDA CIR NW PALM BAY FL 32907	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANNELL, DICK 1980 ADAMS AVENUE MELBOURNE FL 32935	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WOODFORD, DAVID 1201 PAWNEE TERRACE INDIAN HARBOR BEACH, FL 32937	<input checked="" type="checkbox"/> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARMSTRONG, SCOTT 1069 LEE AVENUE N.W. PALM BAY, FL 32907	<input checked="" type="checkbox"/> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARMSTRONG, NORMAN 473 ARCHER ROAD S.E. PALM BAY, FL 32909	<input checked="" type="checkbox"/> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> <input type="checkbox"/>

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** **03/25/02** **34-454-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)