

# 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**

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 LYTON ROAD**  
**MELBOURNE FL 32934**

Name **Scott Armstrong**

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

**1069 LEE AVENUE N.W.**

City **PAZM 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 **TD**  
 NAME **GALBRAITH, BOB**  
 STREET ADDRESS **1010 LYTON**  
 CITY-ST-ZIP **MELBOURNE FL 32935**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**  
 NAME **WEIDFORD, DAVID**  
 STREET ADDRESS **1201 PAWNEE TERRACE**  
 CITY-ST-ZIP **INDIAN HARBOR BEACH FL 32937**

☐ Delete

TITLE  
 NAME **WOODFORD, DAVID**  
 STREET ADDRESS **1201 PAWNEE TERRACE**  
 CITY-ST-ZIP **INDIAN HARBOR BEACH, FL 32937**

☒ Change ☐ Addition

TITLE **D**  
 NAME **WADESON, DOUGLAS**  
 STREET ADDRESS **453 RED SAIL WAY**  
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**  
 NAME **ARMSTRONG, SCOTT**  
 STREET ADDRESS **1211 GIRALDA CIR NW**  
 CITY-ST-ZIP **PALM BAY FL 32907**

☐ Delete

TITLE  
 NAME **ARMSTRONG, SCOTT**  
 STREET ADDRESS **1069 LEE AVENUE N.W.**  
 CITY-ST-ZIP **PALM BAY, FL 32907**

☒ Change ☐ Addition

TITLE **D**  
 NAME **ARMSTRONG, NORMAN**  
 STREET ADDRESS **1211 GIRALDA CIR NW**  
 CITY-ST-ZIP **PALM BAY FL 32907**

☐ Delete

TITLE  
 NAME **ARMSTRONG, NORMAN**  
 STREET ADDRESS **473 ARCHER ROAD S.E.**  
 CITY-ST-ZIP **PALM BAY, FL 32909**

☒ Change ☐ Addition

TITLE **D**  
 NAME **GRANNELL, DICK**  
 STREET ADDRESS **1980 ADAMS AVENUE**  
 CITY-ST-ZIP **MELBOURNE FL 32935**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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*

**03/25/02**

**34-454-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)