

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721602

FILED
Apr 20, 2006
Secretary of State

Entity Name: EAU GALLIE CHRISTIAN CHURCH OF MELBOURNE, FLORIDA

Current Principal Place of Business:

FLORIDA
1720 CROTON RD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

FLORIDA
1720 CROTON RD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-1035312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROEHM, TRAVIS L
1720 CROTON RD.
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PICCOLI, PETE
Address: 1952 WEST SHORES RD.
City-St-Zip: MELBOURNE, FL 32935

Title: VD () Delete
Name: WOODFORD, DAVID
Address: 1201 PAWNEE TERRACE
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: D () Delete
Name: WADESON, DOUGLAS
Address: 453 RED SAIL WAY
City-St-Zip: SATELLITE BEACH, FL 32937

Title: PD () Delete
Name: ARMSTRONG, SCOTT
Address: 1069 LEE AVENUE NW
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: ARMSTRONG, NORMAN
Address: 473 ARCHER ROAD S.E.
City-St-Zip: PALM BAY, FL 32909

Title: SD () Delete
Name: ARMSTRONG, SCOTT
Address: 1069 LEE AVENUE NW
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WOODFORD

VD

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date