


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # 724047	
1. Entity Name FISKE BLVD. CHURCH OF CHRIST, INC.	

Principal Place of Business 805 S. FISKE BLVD. PO BOX 560052 ROCKLEDGE, FL 32956-0052 US	Mailing Address 805 S. FISKE BLVD. PO BOX 560052 ROCKLEDGE, FL 32956-0052 US
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04212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2678978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, EDDIE JR. 117 EXPLORER COURT COCOA, FL 32922

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, EDDIE 117 EXPLORER COURT COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOUEY, EDWARD W 917 S VARR AVENUE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, EDWARD E SR 1220 N. TROPICAL TRAIL MERRITT ISLAND, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRADY, WILLIE J 3754 WOOD CIR. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/06-80137-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 619, 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: Edward W. Bouey, DT  4-26-06, 321-868-5550x15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #