

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90108 002 ****61.25

DOCUMENT # 752790

1. Entity Name

PALM BAY CHRISTIAN CHURCH, INC.

Principal Place of Business	Mailing Address
344 EMERSON DR. NW PALM BAY FL 32907	344 EMERSON DR. NW PALM BAY FL 32907-1091

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2005086	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATTWOOD, ROBERT W
1825 SOUTH RIVERVIEW DR
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

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

1686 W. Hibiscus Blvd.

City

Melbourne

FL Zip Code

32901

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBSON, MARTIN		NAME	XXXXXXXXXXXX Hanke, Waldo	
STREET ADDRESS	4010 ADAMS LANE		STREET ADDRESS	1631 Eldron Blvd., S.E.	
CITY-ST-ZIP	VALKARIA FL 32950		CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERHARDT, EDWARD		NAME	Cannaverde, Paul	
STREET ADDRESS	2250 DUNCIL		STREET ADDRESS	1360 Kanab Ave., NW	
CITY-ST-ZIP	PALM BAY, FL 00000		CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, CLARK H		NAME	Scott, Clark H.	
STREET ADDRESS	997 EMERSON DR., NW		STREET ADDRESS	997 Emerson Dr., NW	
CITY-ST-ZIP	PALM BAY, FL 00000		CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLEW, RICHARD		NAME	Plew, Richard	
STREET ADDRESS	1730 FLAMEVINE PLACE		STREET ADDRESS	1730 Flamevine Place	
CITY-ST-ZIP	PALM BAY FL		CITY-ST-ZIP	Malabar, FL 32950	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, MARTIN		NAME		
STREET ADDRESS	4010 ADAMS LANE		STREET ADDRESS		
CITY-ST-ZIP	VALKARIA FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, BRIAN		NAME		
STREET ADDRESS	613 DINNER ST NE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		CITY-ST-ZIP		

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: *Robert Wattwood* 4/25/00 321-724-0491

CR2E037 (9/99)