

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 752790

1. Entity Name
PALM BAY CHRISTIAN CHURCH, INC.



FILED
Sep 18, 2008 08:00 AM
Secretary of State

Principal Place of Business

344 EMERSON DR. NW
PALM BAY, FL 32907

Mailing Address

344 EMERSON DR. NW
PALM BAY, FL 32907



09082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2005086

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATTWOOD, ROBERT W
1686 WEST HIBISCUS BLVD
MELBOURNE, FL 32901

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	GERHARDT, EDWARD
STREET ADDRESS	765 HALL RD
CITY-ST-ZIP	MALABAR, FL 32950
TITLE	CD
NAME	BLAIR, BRIAN
STREET ADDRESS	266 HARMON STREET
CITY-ST-ZIP	PALM BAY, FL 32908
TITLE	SD
NAME	GOODNIGHT, STEVEN
STREET ADDRESS	2103 S. COLONIAL DR
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	PLEW, RICHARD
STREET ADDRESS	1730 FLAMEVINE PL
CITY-ST-ZIP	MALABAR, FL 32950
TITLE	D
NAME	HUIE, CONWAY
STREET ADDRESS	885 SEPTEMBER AVENUE NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000959878
09/18/08-80004-002 70.00

**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 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:

B. R.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/08 321-724-0491

Date

Daytime Phone #