2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000004855

City-St-Zip: MELBOURNE BEACH, FL 32951

Entity Name: BAYSIDE COMMUNITY CHURCH OF PALM BAY, INC.

FILED Jan 21, 2002 8:00 AM Secretary of State

Current Pr	incipal Place o	of Business:	New Prince	New Principal Place of Business:		
3301 DAIR' MELBOUR	Y ROAD NE, FL 32904					
Current Mailing Address:			New Maili	New Mailing Address:		
3301 DAIRY ROAD MELBOURNE, FL 32904			#502	109 LA COSTA STREET #502 MELBOURNE BEACH, FL 32951		
FEI Number:	59-3717067	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
#502	, DAVID L STA STREET NE BEACH, FL	32951				
The above in the State		ıbmits this statement for the pu	rpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () [ROBERTS, DAVI 109 LA COSTA S MELBOURNE BE	TREET, #502	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () E MADDEX, TIMOT 421 RIO VILLA B MELBOURNE, FI	LVD	Title: Name: Address: City-St-Zip:	VPD (X MADDOX, TIN 421 RIO VILLA MELBOURNE	A BLVD	
Title: Name: Address: City-St-Zip:	TD () E MADDOX, KAREI 421 RIO VILLA B MELBOURNE, FI	LVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SD () [ROBERTS, DONI 109 LA COSTA S		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: DAVID L. ROBERTS PD 01/21/2002