2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004855

FILED Aug 16, 2004 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

370 RIO LANE 1055 TORTOISE COVE INDIALANTIC, FL 32903 MELBOURNE, FL 32935

Current Mailing Address: New Mailing Address:

370 RIO LANE 1055 TORTOISE COVE #502 MELBOURNE, FL 32935

#502 MELBOURNE, INDIALANTIC, FL 32903

FEI Number: 59-3717067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBERTS, DAVID L
370 RIO LANE
INDIALANTIC, FL 32903

ROBERTS, DAVID L
1055 TORTOISE COVE
MELBOURNE, FL 32935

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: 08/16/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: ROBERTS, DAVID L ROBERTS, DAVID L

Address: 109 LA COSTA STREET, #502 Address: 1055 TORTOISE COVE
City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE, FL 32935

Title: SD () Delete Title: VP (X) Change () Addition Name: ROBERTS, DONNA S Name: ROBERTS, DONNA S

Address: 109 LA COSTA STREET, #502 Address: 1055 TORTOISE COVE
City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE, FL 32935

Title: VPD () Delete Title: SE (X) Change () Addition

 Name:
 LORENZO, ROBERT
 Name:
 FAIRALL, JUNE

 Address:
 164 ST. GEORGE RD
 Address:
 14 DUNHAM STREET

 City-St-Zip:
 MELBOURNE, FL 32904
 City-St-Zip:
 MELBOURNE, FL 30291

 $\label{eq:title:Title:TR} {\sf Title:} \qquad {\sf TR} \qquad {\sf (X) Change (\) Addition}$

 Name:
 ROBERTS, DONNA S
 Name:
 SMITH, SANDY

 Address:
 370 RIO LANE
 Address:
 1634 SALADINO STREET

 City-St-Zip:
 INDIALANTIC, FL 32903
 City-St-Zip:
 PALM BAY, FL 32909

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.

SIGNATURE: DAVID L. ROBERTS PD 08/16/2004