

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90031 019 ****61.25

DOCUMENT # N02000005917					
1. Entity Name THECHRISTIANCHAMBER.ORG OF THE SPACE COAST, INC.					
Principal Place of Business 200 SOUTH HARBOR CITY BLVD SUITE 303 MELBOURNE, FL 32901			Mailing Address 200 SOUTH HARBOR CITY BLVD SUITE 303 MELBOURNE, FL 32901		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 47-0881158	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURGER, ROBERT T 200 SOUTH HARBOR CITY BLVD SUITE 303 MELBOURNE, FL 32901			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete BURGER, ROBERT T 200 SOUTH HARBOR CITY BLVD SUITE 303 MELBOURNE, FL 32901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUZ UNDERILL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 490 N. HARBOR CITY BLVD MELBOURNE, FL 32935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete DIXON, ROBERT J 726 HUNAN STREET NORTH EAST PALM BAY, FL 32907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SHARON KOPF <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5951-B, VICKIE CIRCLE W. MELBOURNE, FL 32904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete SPEAR, CHIP 25 FIFTH AVENUE INDIALANTIC, FL 32903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete JACKSON, THOMAS H 1644 SOUTH PARK AVE. TITUSVILLE, FL 32780		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			2/5/04 321-984-9100		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		