

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009595

FILED
Apr 09, 2006
Secretary of State

Entity Name: MELBOURNE COMMUNITY CHURCH, INC.

Current Principal Place of Business:

4940 STACK BOULEVARD
SUITE C-1
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

4940 STACK BOULEVARD
SUITE C-1
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 14-1862081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, SCOTT C
1800 WEST HIBISCUS BLVD., STE. 124
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

DIXON, SCOTT C
2202 S. BABCOCK ST
MELBOURNE, FL 32901 US

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:

04/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEMING, CURTIS
Address: 3554 EGRET DR.
City-St-Zip: MELBOURNE, FL 32901

Title: VPTD () Delete
Name: STRAUB, WALTER H JR
Address: 211 NARRAGANSETT ST. NE
City-St-Zip: PALM BAY, FL 32907

Title: SD () Delete
Name: STRAUB, ANNE
Address: 211 NARRAGANSETT ST. NE
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: DEMING, GINA
Address: 3554 EGRET DR.
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANNE STRAUB

SD

04/09/2006

Electronic Signature of Signing Officer or Director

Date