## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## May 22, 2003 8:00 am Secretary of State DOCUMENT # N0200009595 04-24-2003 90109 005 \*\*\*\*61.25 1. Entity Name MELBOURNE COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address **5584483**3 3695 RESTREL CT. 3695 Restrel Ct. MELBOURNE FL 32934 MELBOURNE FL 32934 2. Principal Place of Business 3. Mailing Address 211 Narragansett. St NE Suite, Apt. Metc. CHECK HERE IF MAKING CHANGES 3020 W. HEN New Haven Ave Applied For City & State City & State Palm Bay 4-1862081 Melbourne Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32407 USA JSA Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIXON, SCOTT C Street Address (P.O. Box Number is Not Acceptable) 1800 WEST HIBISCUS BLVD., STE. 124 MELBOURNE FL 32901 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. president TITLE TITLE ☐ Addition ☐ Delete Curtis Deming D 3095 Kostnel Ct 2234 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Melbourne F Vice president/treasurer Walter H. Straub Jr D 211 Narragangett St NE Change Addition me ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS Kalm Bay FC 32907 CITY-ST-ZIP CITY-ST-ZIP ITTLE secretary D ☐ Change ☐ Addition Delete NAME NAME 211 Narragansett St NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Palm Bay FL32907 CITY-ST-ZIP DILLE ☐ Change ☐ Addition ☐ Delete Gina Deming NAME NAMÉ STREET ADDRESS STREET ADDRESS 3695 Kestrel Ct CITY-ST-ZIF CITY-ST-ZIP 229 BL bourne FC TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi). 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR