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Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17902 (0)

1. Corporation Name

PALM BAY CHURCH OF CHRIST, INC.

Principal Place of Business

1530 Bottlebrush Drive NE
2833 JUPITER BLVD SE
PALM BAY FL 32909-32905
US

Mailing Address

PO BOX 100381
PALM BAY FL 32910-0381
US3. Date Incorporated or Qualified
11/21/19863a. Date of Last Report
02/15/1996

2. Principal Place of Business

21 1530 Bottlebrush Drive NE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Palm Bay FL

27 Suite, Apt. #, etc.

23 32905

28 City & State

24 Zip

29 Zip

25 BREVARD

30 Country

4. FEI Number
59-2837125Applied For
Not Applicable

5. Certificate of Status Desired

X \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANUP, GARY J
538 HOLMES AVENUE NW
PALM BAY FL 32907

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CANUP, GARY J
STREET ADDRESS 538 HOLMES AVENUE NW
CITY-ST-ZIP PALM BAY FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE TD
NAME OSBOURNE, DONALD L
STREET ADDRESS 601 WAYCROSS ROAD SW
CITY-ST-ZIP PALM BAY FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VD
NAME ALLEN, GEORGE H.
STREET ADDRESS 420 BINNEY STREET NE
CITY-ST-ZIP PALM BAY FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE SD
NAME LINDSEY, MICHAEL S
STREET ADDRESS 1650 NONA STREET NE
CITY-ST-ZIP PALM BAY FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME NORRIS, E N
STREET ADDRESS 450 BOONE AVE
CITY-ST-ZIP WEST MELBOURNE FL 329045.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-97

407 676-4808

Date

Daytime Phone # 0018881

CR2E037 (9/96)