
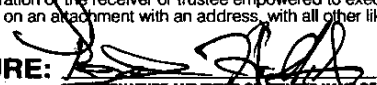


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90075 013 ****61.25

| | | | |
|---|---|---|--|
| DOCUMENT # N45962 | |  | |
| 1. Entity Name HARBOR CITY CHRISTIAN CHURCH OF MELBOURNE, INC. | | | |
| Principal Place of Business 3210 AURORA RD MELBOURNE, FL 32934 | | Mailing Address 3210 AURORA RD MELBOURNE, FL 32934 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| DAVIS, JOHN 3210 AURORA RD MELBOURNE, FL 32934 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to - Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, KEITH 1121 CARLTON DR. MELBOURNE, FL 32935 <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 | PD HOLLIDAY, RAYMOND 151 APPLEBY ST NE PALM BAY, FL 32907 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HOLLIDAY, RAYMOND <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 736 FLOYD BENNET RD MELBOURNE, FL 32901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOLLY, RALPH 328 SAFARIAD PALM BAY, FL 32907 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEET, KEITH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2470 CROOKED ANTLER DRIVE MELBOURNE, FL 32934 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DONOVAN, CHARLES 1590 ALBERT DR MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MATHEWS, BURK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 295 BUFFALO PLACE ROCKLEDGE, FL 32955 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BLOXHAM, HOMER 4695 CAROLWOOD DR MELBOURNE, FL 32934 <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 | D ELY, ALFORD 1169 CARLTON DR MELBOURNE, FL 32935 <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:  | | RAYMOND HOLLIDAY 3/2/05 321-676-1714 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

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02182005 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required