

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**


FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90460 024 ****61.25

DOCUMENT # N45962

1. Entity Name

HARBOR CITY CHRISTIAN CHURCH OF MELBOURNE, INC.



Principal Place of Business Mailing Address

**3210 AURORA RD
MELBOURNE FL 32934** **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



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**DAVIS, JOHN
3210 AURORA RD
MELBOURNE FL 32934**

7. Name and Address of New Registered Agent

Name **O'Briant James**

Street Address (P.O. Box Number is Not Acceptable)
3210 Aurora Rd.

City **Melbourne** **FL** Zip Code **32934**

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 James A. O'Briant DATE 4/12/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, KEITH	
STREET ADDRESS	1121 CARLTON DR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	PD D	<input type="checkbox"/> Delete
NAME	HOLLIDAY, RAYMOND	
STREET ADDRESS	736 FLOYD BENNET RD	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	EPD	<input type="checkbox"/> Delete
NAME	LEET, KEITH <i>Keith E. Leet</i>	
STREET ADDRESS	2470 CROOKED ANTLER DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHEWS, BUCK	
STREET ADDRESS	295 BUFFALO PLACE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	T	<input type="checkbox"/> Delete
NAME	BLOXHAM, HOMER	
STREET ADDRESS	4695 CAROLWOOD DR	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELY, ALFORD	
STREET ADDRESS	1169 CARLTON DR	
CITY-ST-ZIP	MELBOURNE FL 32935	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LaSorst, Dan	
STREET ADDRESS	223 CLEVELAND Way	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUG Gene	
STREET ADDRESS	340 Sea Grape Sea Grape St.	
CITY-ST-ZIP	INDIALANTIC, FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Walter S. Bloxham Treasurer DATE 4/11/06 PHONE (321) 255-9934