

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90019 018 \*\*\*\*61.25

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|  |                           |  |   |  |   |
|--|---------------------------|--|---|--|---|
| <b>DOCUMENT # N45962</b>   |                           |  |   |  |   |
| 1. Entity Name<br>HARBOR CITY CHRISTIAN CHURCH OF MELBOURNE, INC.  |                           |  |   |  |   |
| Principal Place of Business<br>3210 AURORA RD<br>MELBOURNE, FL 32934   |                           | Mailing Address<br>3210 AURORA RD<br>MELBOURNE, FL 32934                         |   |  |   |
| 2. Principal Place of Business No P.O. Box #   |                           | 3. Mailing Address   |   |  |   |
| Suite, Apt. #, etc.  |                           | Suite, Apt. #, etc.  |   |  |   |
| City & State   |                           | City & State   |   |  |   |
| Zip  | Country                   | Zip  | Country   | 4. FEI Number<br>NOT APPLICABLE  |   |
|  |                           |  |   | Applied For<br>Not Applicable  |   |
|  |                           |  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |   |
| 6. Name and Address of Current Registered Agent  |                           |  | 7. Name and Address of New Registered Agent                                     |  |   |
| O'BRIANT, JAMES<br>3210 AURORA RD<br>MELBOURNE, FL 32934   |                           |  | Name<br><i>Homer G Bloxham</i>  |  |   |
|  |                           |  | Street Address (P.O. Box Number is Not Acceptable)<br><i>4695 Carol Wood Dr</i> |  |   |
|  |                           |  | City<br><i>Melbourne</i>  |  |   |
|  |                           |  | FL Zip Code<br><i>32934</i>   |  |   |
| 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: <i>Homer G Bloxham Treasurer Jan 23, 07</i><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when submitting)</small> DATE   |                           |  |   |  |   |
| Filing Fee is \$61.25<br>Due by May 1, 2007  |                           | 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  | D                         | <input checked="" type="checkbox"/> Delete                                       | TITLE   | PD   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | KRUG, GENE                |  | NAME  | <i>Krug, Gene</i>  |   |
| STREET ADDRESS   | 340 SEA GRAPE ST          |  | STREET ADDRESS  | <i>340 Sea Grape St</i>  |   |
| CITY-ST-ZIP  | INDIALANTIC, FL 32901     |  | CITY-ST-ZIP   | <i>INDIALANTIC, FL 32901</i>   |   |
| TITLE  | D                         | <input checked="" type="checkbox"/> Delete                                       | TITLE   | L2 Forest  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME   | HOLLIDAY, RAYMOND         |  | NAME  | <i>DAN</i>   |   |
| STREET ADDRESS   | 736 FLOYD BENNET RD       |  | STREET ADDRESS  | <i>223 Cleveland Way</i>   |   |
| CITY-ST-ZIP  | MELBOURNE, FL 32901       |  | CITY-ST-ZIP   | <i>Rockledge, FL 32955</i>   |   |
| TITLE  | PD                        | <input checked="" type="checkbox"/> Delete                                       | TITLE   | D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | LEET, KEITH               |  | NAME  | <i>Leet, Keith</i>   |   |
| STREET ADDRESS   | 2470 CROOKED ANTLER DRIVE |  | STREET ADDRESS  | <i>2470 Crooked Antler Drive</i>   |   |
| CITY-ST-ZIP  | MELBOURNE, FL 32934       |  | CITY-ST-ZIP   | <i>Melbourne FL 32934</i>  |   |
| TITLE  | D                         | <input checked="" type="checkbox"/> Delete                                       | TITLE   | D  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME   | MATHEWS, BUCK             |  | NAME  | <i>BOYNEY Lyle</i>   |   |
| STREET ADDRESS   | 295 BUFFALO PLACE         |  | STREET ADDRESS  | <i>2895 Appalocosa Boulevard</i>   |   |
| CITY-ST-ZIP  | ROCKLEDGE, FL 32955       |  | CITY-ST-ZIP   | <i>MELBOURNE, FL 32934</i>   |   |
| TITLE  | T                         | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME   | BLOXHAM, HOMER            |  | NAME  |  |   |
| STREET ADDRESS   | 4695 CAROLWOOD DR         |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP  | MELBOURNE, FL 32934       |  | CITY-ST-ZIP   |  |   |
| TITLE  | D                         | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME   | ELY, ALFORD               |  | NAME  |  |   |
| STREET ADDRESS   | 1169 CARLTON DR           |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP  | MELBOURNE, FL 32935       |  | CITY-ST-ZIP   |  |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Homer G. Bloxham</i> <i>Homer G Bloxham Treasurer 1-23-07</i> <i>321-255-9934</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dystime Phone #</small>  |                           |  |   |  |   |