


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -8 PM 3: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N45962</b>			
1. Entity Name <b>HARBOR CITY CHRISTIAN CHURCH OF MELBOURNE, INC.</b>			
Principal Place of Business <b>3210 AURORA RD MELBOURNE, FL 32934</b>		Mailing Address <b>3210 AURORA RD MELBOURNE, FL 32934</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, / #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BLOXHAM, HOMEY G 4695 CAROL WOOD DRIVE MELBOURNE, FL 32934</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 <u><i>Homey G Bloxham</i></u>		TREASURY <u><i>Dec 4, 08</i></u>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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	PD KRUG, GENE <input type="checkbox"/> Delete 340 SEA GRAPE ST INDIALANTIC, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800138686278</b> <b>12/08/08--01043--001 **61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFOREST, DAN <input checked="" type="checkbox"/> Delete 223 CLEVELAND WAY ROCKLEDGE, FL 32955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEET, KEITH <input checked="" type="checkbox"/> Delete 2470 CROOKED ANTLER DRIVE MELBOURNE, FL 32934	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNEY, LYLE <input type="checkbox"/> Delete 2895 APPALOOSA BLVD MELBOURNE, FL 32934	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLOXHAM, HOMER <input type="checkbox"/> Delete 4695 CAROLWOOD DR MELBOURNE, FL 32934	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 <input type="checkbox"/> Delete 1169 CARLTON DR MELBOURNE, FL 32935	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 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: <u><i>Homey G. Bloxham</i></u>		TREASURY <u><i>12-4-08 (321)255-9934</i></u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



12042008 REIN-NP CR2E099 (1/07)

*12/8/08*