

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45962

FILED
Feb 18, 2009
Secretary of State

Entity Name: HARBOR CITY CHRISTIAN CHURCH OF MELBOURNE, INC.

Current Principal Place of Business:

3210 AURORA RD
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

3210 AURORA RD
MELBOURNE, FL 32934

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOXHAM, HOMEY G
4695 CAROL WOOD DRIVE
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

BLOXHAM, HOMER G
4695 CAROL WOOD DRIVE
MELBOURNE, FL 32934 US

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.

SIGNATURE: HOMER G.BLOXHAM

02/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KRUG, GENE
Address: 340 SEA GRAPE ST
City-St-Zip: INDIALANTIC, FL 32901

Title: D () Delete
Name: BARNEY, LYLE
Address: 2895 APPALOOSA BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: T () Delete
Name: BLOXHAM, HOMER
Address: 4695 CAROLWOOD DR
City-St-Zip: MELBOURNE, FL 32934

Title: D (X) Delete
Name: ELY, ALFORD
Address: 1169 CARLTON DR
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE KRUG

PD

02/18/2009

Electronic Signature of Signing Officer or Director

Date