

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N50706

1. Entity Name
MELROSE CHURCH OF CHRIST INC.



Principal Place of Business
8702 N. HWY. 21
MELROSE, FL 32666 US

Mailing Address
P.O. BOX 219
MELROSE, FL 32666

DO NOT WRITE IN THIS SPACE



01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2808430	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COX, TOM
964 SE CR 21B
MELROSE, FL 32666

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	COX, TOM
STREET ADDRESS	964 SE CR 21B
CITY - ST - ZIP	MELROSE, FL 32666
TITLE	DP
NAME	AUSTIN, CHUCK
STREET ADDRESS	1374 SE CR 21B
CITY - ST - ZIP	MELROSE, FL 32666
TITLE	DV
NAME	STANFORD, JOEY
STREET ADDRESS	7902 ST RD 21
CITY - ST - ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/19/05-80070-009 70.00

**DO NOT WRITE
IN THIS SPACE**

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: Tom Cox, Tom Cox DST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05 352-475-1347

Date

Daytime Phone #