2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002743

FILED Apr 03, 2008 Secretary of State

Entity Name: BEACON BAPTIST MINISTRIES OF MELBOURNE, FLORIDA INC.

Current Principal Place of Business: New Principal Place of Business:

3185 AURORA ROAD

MELBOURNE, FL 32934 US

Current Mailing Address: New Mailing Address:

P.O. BOX 360851

MELBOURNE, FL 329360851

FEI Number: 59-3243886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

READ, KEITH L JOSEPH, DOWNS A 1721 PINE VALLEY DR 1586 SPRUCE RD

MELBOURNE, FL 32935 US MELBOURNE, FL 32935 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: JOSEPH A DOWNS 04/03/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 REED, KEITH L
 Name:
 DOWNS, JOSEPH A

 Address:
 1721 PINE VALLEY DRIVE
 Address:
 1586 SPRUCE RD

 City-St-Zip:
 MELBOURNE, FL 32935
 City-St-Zip:
 MELBOURNE, FL 32935

Title: V () Delete Title: VP (X) Change () Addition

Name: ROTHE, GEORGE Name: CZERNIK, MICKAEL

Address: 251 POINCIANA DR Address: 418 SAUDERS CIR SE PALM BAY
City-St-Zip: INDIAN HARBOUR, FL 32937 City-St-Zip: PALM BAY, FL 32909

 $\label{eq:title:Title:S} \textit{Title:} \qquad \textit{S} \qquad \textit{(X) Change () Addition}$

Name:BRYANT, DENNISName:WEBER, MARILYNAddress:1399 SUNWOOD DRAddress:310 GREEN WAY AVECity-St-Zip:MELBOURNE, FL 32935City-St-Zip:SATELLITE BEACH, FL 32937

Title: S (X) Delete Title: () Change () Addition

 Title:
 S
 (X) Delete
 Title:

 Name:
 WEBER, MARILYN
 Name:

 Address:
 310 GREEN WAY AVE
 Address:

 City-St-Zip:
 SATELLITE BEACH, FL 32937
 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: JOSEPH A DOWNS P 04/03/2008