

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002743

FILED
Mar 12, 2009
Secretary of State

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

Current Principal Place of Business:

3185 AURORA ROAD
MELBOURNE, FL 32934 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 360851
MELBOURNE, FL 329360851

New Mailing Address:

FEI Number: 59-3243886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH, DOWNS A
1586 SPRUCE RD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOWNS, JOSEPH A
Address: 1586 SPRUCE RD
City-St-Zip: MELBOURNE, FL 32935

Title: VP () Delete
Name: CZERNIK, MICKAEL
Address: 418 SAUDERS CIR SE PALM BAY
City-St-Zip: PALM BAY, FL 32909

Title: S () Delete
Name: WEBER, MARILYN
Address: 310 GREEN WAY AVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CZERNIK, MICHAEL
Address: 418 SAUDERS CIR SE PALM BAY
City-St-Zip: PALM BAY, FL 32909

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

Title: T () Change (X) Addition
Name: ANDREWS, MARLENE
Address: 2211 APPALACHIAN DR
City-St-Zip: MELBOURNE, FL 32935

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

03/12/2009

Electronic Signature of Signing Officer or Director

Date