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Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005536 (5)**

1. Corporation Name

PEOPLES' CHURCH OF MELBOURNE BEACH, INC.

Principal Place of Business

Mailing Address

**3830 S. HIGHWAY A1A, #C-2
MELBOURNE BEACH FL 32952**

**3830 S. HIGHWAY A1A, #C-2
MELBOURNE BEACH FL 32952**



3. Date Incorporated or Qualified

10/28/1996

4. FEI Number

59-0965344

Applied For

☒ Not Applicable

2. Principal Place of Business
21 **2068 BARRACUDA AVE**
Suite, Apt. #, etc.

2a. Mailing Address
26 **2068 BARRACUDA AVE**
Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

22 City & State
23 **MELB. BEACH FL**
24 Zip **32951** 25 Country

27 City & State
28 **MELB. BEACH, FL**
29 Zip **32951** 30 Country **BREVARD**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**NEWMAN, CHARLES P
3830 S. HIGHWAY A1A, #C-2
MELBOURNE BEACH FL 32952**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Charles P. Newman**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **NEWMAN, CHARLES P**
STREET ADDRESS **3830 S. HIGHWAY A1A, #C-2**
CITY-ST-ZIP **MELBOURNE BEACH FL 32952**

TITLE **D** ☒ DELETE
NAME **JONES, ROWAN P**
STREET ADDRESS **2599 SENATOR WAY**
CITY-ST-ZIP **MELBOURNE BEACH FL 32901**

TITLE **D** ☒ DELETE
NAME **FULLER, SHIRLEY F**
STREET ADDRESS **204 ELM AVE.**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **RICHARD PARKER**
2.3 STREET ADDRESS **417 MAGNOLIA AVE**
2.4 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **JOAN PARKER**
3.3 STREET ADDRESS **417 MAGNOLIA AVE**
3.4 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Charles P. Newman**

7.1.2.1005

(407) 476-0721

CR2E037 (10/97)