

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700069 (8)
1. Corporation Name
FIRST CHURCH OF THE NAZARENE COCOA, FLORIDA, INC



Principal Place of Business
**FLORIDA INC.
1009 SOUTH FISKE BLVD
ROCKLEDGE FL 32955**

Mailing Address
**FLORIDA INC.
1009 SOUTH FISKE BLVD
ROCKLEDGE FL 32955**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
10/21/1959

3a. Date of Last Report
04/24/1995

4. FEI Number
59-1876850

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**SMITH, DONALD M.
1600 WOODLAND DR
#E108
ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent
81 Name
SMITH, DONALD M.
82 Street Address (P.O. Box Number is Not Acceptable)
1270 Tuckaway Dr.
83
84 City **Rockledge,** FL 85 Zip Code **32955**

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 *[Signature]* DATE **2-6-96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, DONALD M.	
STREET ADDRESS	1600 WOODLAND DR #E108	
CITY-ST-ZIP	ROCKLEDGE, FL 00000	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	LEIB, MARK	
STREET ADDRESS	987 BOXFORD LANE	
CITY-ST-ZIP	ROCKLEDGE, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JONAS, VIRGINIA	
STREET ADDRESS	1106 ABINGTON	
CITY-ST-ZIP	COCOA, FL 00000	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	COOPER, LAVERNE	
STREET ADDRESS	4008 GARDEN STREET	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CULLEMBER, LORNA J.	
STREET ADDRESS	2 BURLINGTON AVE.	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	SEITTER, COLLEEN	
STREET ADDRESS	647 DESOTO LANE	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMITH, DONALD M.	
1.3 STREET ADDRESS	1270 TUCKAWAY DR.	
1.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WILLIAMS, WALTER	
6.3 STREET ADDRESS	962 BAYWARD PL.	
6.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* LORNA J. CULLEMBER 2/6/96 407-636-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)