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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

FLORIDA INC.  
1009 SOUTH FISKE BLVD  
ROCKLEDGE FL 32955

FLORIDA INC.  
1009 SOUTH FISKE BLVD  
ROCKLEDGE FL 32955

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

SMITH, DONALD M.  
1270 TUCKAWAY DRIVE  
ROCKLEDGE FL 32955

3. Date incorporated or Qualified

10/21/1959

4. FEI Number

59-1876850

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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 N/A

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

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 P DELETE

NAME SMITH, DONALD M.  
STREET ADDRESS 1270 TUCKAWAY DRIVE  
CITY-ST-ZIP ROCKLEDGE, FL 00000

TITLE TR DELETE

NAME LEIB, MARK  
STREET ADDRESS 987 BOXFORD LANE  
CITY-ST-ZIP ROCKLEDGE, FL 00000

TITLE T DELETE

NAME JONAS, VIRGINIA  
STREET ADDRESS 1106 ABINGTON  
CITY-ST-ZIP COCOA, FL 00000

TITLE TR DELETE

NAME COOPER, LAVERNE  
STREET ADDRESS 4008 GARDEN STREET  
CITY-ST-ZIP TITUSVILLE FL

TITLE S DELETE

NAME CULLEMBER, LORNA J.  
STREET ADDRESS 2 BURLINGTON AVE.  
CITY-ST-ZIP ROCKLEDGE FL

TITLE TR DELETE

NAME WILLIAMS, WALTER  
STREET ADDRESS 962 BAYWARD PLACE  
CITY-ST-ZIP ROCKLEDGE FL

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 Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

*[Signature]* REQUIRED

1-6-98

(407) 636-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)