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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90011 004 ****61.25

UNCLAS

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 700069

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

21 975 Eyster Blvd.

2a. Mailing Address

26 975 Eyster Blvd.

3. Date Incorporated or Qualified

10/21/1959

22 Suite, Apt. #, etc.

Bldg. #3-2

27 Suite, Apt. #, etc.

Bldg. #3-2

4. FEI Number

59-1876850

Applied For

Not Applicable

23 City & State

Rockledge, FL

28 City & State

Rockledge, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

32955

25 Country

USA

29 Zip

32955

30 Country

USA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SMITH, DONALD M. 1270 TUCKAWAY DRIVE ROCKLEDGE FL 32955

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, with all other like empowered.

SIGNATURE:

Signature and typed name of signing officer or director: DONALD M. SMITH

Date: 2-12-99

Daytime Phone #: 407-636-4600

CR2E037 (1/98)