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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # 702620
1 Corporation Name
THE FIRST CHRISTIAN CHURCH OF COCOA, FLORIDA, INC.
1403 DIXON BOULEVARD
COCOA, FLORIDA 32922

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 6-28-62 3a. Date of Last Report 8-23-94
4. FEI Number 59-2009813 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

21 Principal Place of Business 26 Mailing Address
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
BART KLEINFELDT
987 DEMARET DRIVE
ROCKLEDGE FLORIDA 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 617.1008, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when registering DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Director	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harry Stevenson	1.2 NAME	
STREET ADDRESS	1820 Britt Rd	1.3 STREET ADDRESS	800001518948
CITY-ST-ZIP	Cocoa, Fl 32926	1.4 CITY-ST-ZIP	-06/21/95--01031--014
TITLE	Secretary/Director	2.1 TITLE	***#81.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Wisniewski	2.2 NAME	
STREET ADDRESS	5195 Andover Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Cocoa, Fl 32922	2.4 CITY-ST-ZIP	
TITLE	Director	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Kelley	3.2 NAME	
STREET ADDRESS	5320 Sandra Dr	3.3 STREET ADDRESS	
CITY-ST-ZIP	Titusville, Fl. 32780	3.4 CITY-ST-ZIP	
TITLE	Director/Treasurer	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bart Kleinfeldt	4.2 NAME	
STREET ADDRESS	987 Demaret Dr	4.3 STREET ADDRESS	
CITY-ST-ZIP	Rockledge, Fl. 32955	4.4 CITY-ST-ZIP	
TITLE	Director	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Townsend	5.2 NAME	
STREET ADDRESS	2825 S Washington #609	5.3 STREET ADDRESS	
CITY-ST-ZIP	Titusville, Fl. 32780	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(3)(a), 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 017, Florida Statutes; and that my name appears in Block 11 of Form 1311 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* BARTON D. KLEINFELDT 6/4/95 853-8650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #