

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 # 702620 (6)
1. Corporation Name
THE FIRST CHRISTIAN CHURCH OF COCOA, FLORIDA, IN C.



Principal Place of Business: 1403 DIXON BLVD. COCOA FL 32922
Mailing Address: 1403 DIXON BLVD. COCOA FL 32922

3. Date Incorporated or Qualified: 06/28/1961
3a. Date of Last Report: 06/20/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26 1012 Coronado Drive
22 Suite, Apt. #, etc.
23 City & State: 27 Rockledge FL
24 Zip: 25 32955 Country: 29 30 Brevard

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

9. Name and Address of Current Registered Agent
KLEINFELDT, BART
987 DEMARET 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: STEVENSON, HARRY	1.1 TITLE:	1.2 NAME: Robert C. Townsend
STREET ADDRESS: 1820 BRITT RD.	CITY-ST-ZIP: COCOA FL	1.3 STREET ADDRESS: 1304 N. Fiske Blvd, #103	1.4 CITY-ST-ZIP: Cocoa FL 32922
TITLE: SD	NAME: WISNIEWSKI, MARK	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 5195 ANDOVER STREET	CITY-ST-ZIP: COCOA FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: D	NAME: KELLEY, JIM	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 5320 SANDRA DR	CITY-ST-ZIP: TITUSVILLE FL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: DT	NAME: KLEINFELDT, BART	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 987 DEMARET DR	CITY-ST-ZIP: ROCKLEDGE, FL 00000	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: D	NAME: TOWNSEND, BOB	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 2825 S. WASHINGTON #609	CITY-ST-ZIP: TITUSVILLE FL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

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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: Bart Kleinfeldt 4/14/96 407-853-8650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)