

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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, INC.



Principal Place of Business 1400 DIXON BLVD. COCOA FL 32922	Mailing Address 1012 CORONADO DRIVE ROCKLEDGE FL 32955
---	--

3. Date Incorporated or Qualified 06/28/1961	4. FEI Number 59-2009813	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
--	------------------------------------	---	---

2. Principal Place of Business	2a. Mailing Address
21 1012 CORONADO DR	26 P.O. BOX 1478
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 ROCKLEDGE FL	28 COCOA FL
24 Zip 32955	25 Country
29 32923	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TOWNSEND, ROBERT E	
STREET ADDRESS	1304 N FISKE BLVD. #103	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WISNIEWSKI, MARK	
STREET ADDRESS	5195 ANDOVER STREET	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLEY, JIM	
STREET ADDRESS	5320 SANDRA DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KLEINFELDT, BART	
STREET ADDRESS	987 DEMARET DR	
CITY-ST-ZIP	ROCKLEDGE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D KLEINFELDT, BART
4.3 STREET ADDRESS	987 DEMARET DR
4.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DT TURNER, PHILLIP
5.3 STREET ADDRESS	36 BARTON AVE
5.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SP LUCAS R. TURNER UIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-9-98** (407) 799-6236
 Daytime Phone # 0020132

CR2E037 (10/97)