


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 27, 1999 8:00 am
Secretary of State

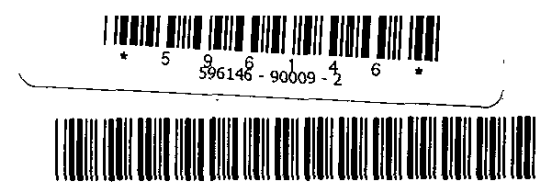
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702620 ✓

1. Corporation Name
THE FIRST CHRISTIAN CHURCH OF COCOA, FLORIDA, IN C.

Principal Place of Business 1012 GORONADO DR ROCKLEDGE FL 32955 US.	Mailing Address P.O. BOX 1478 COCOA FL 32923 US
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2. Principal Place of Business 21 750 MONDAY COURT Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 06/28/1961
City & State 23 COCOA FLORIDA	City & State 28	4. FEI Number 59-2009813 Applied For Not Applicable
Zip 24 32926 Country 25 USA	Zip 29 Country 30	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent KLEINFELDT, BART 987 DEMARET DRIVE ROCKLEDGE FL 32955		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KLEINFELDT, BART 987 DEMARET DRIVE ROCKLEDGE FL 32955		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSEND, ROBERT E	1.2 NAME	
STREET ADDRESS	1304 N FISKE BLVD. #103	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32922	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISNIEWSKI, MARK	2.2 NAME	
STREET ADDRESS	5195 ANDOVER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, JIM	3.2 NAME	
STREET ADDRESS	5320 SANDRA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEINFELDT, BART	4.2 NAME	
STREET ADDRESS	987 DEMARET DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE, FL 00000 32955	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, PHILLIP	5.2 NAME	
STREET ADDRESS	36 BARTON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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]* **SIGNATURE TO BE VERIFIED** 7/22/99 (407) 799-6236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0002040
CR2E037 (5/99)