

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90076 050 ****70.00

DOCUMENT # 702620

1. Entity Name

THE FIRST CHRISTIAN CHURCH OF COCOA, FLORIDA, IN

Principal Place of Business

Mailing Address

750 MONDAY COURT
 COCOA FL 32926
 US

P.O. BOX 1478
 COGOA FL 32923-1478
 US

2. Principal Place of Business

849 Al Kleinfeldt Way
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
 Cocoa, FL

City & State

4. FEI Number
 59-2009813

Applied For
 Not Applicable

Zip
 32922

Country
 Brevard

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEINFELDT, BART
 987 DEMARET DRIVE
 ROCKLEDGE FL 32955

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME TOWNSEND, ROBERT E
 STREET ADDRESS 1304 N FISKE BLVD. #103
 CITY-ST-ZIP COCOA FL 32922

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME KELLEY, JIM
 STREET ADDRESS 5320 SANDRA DR
 CITY-ST-ZIP TITUSVILLE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME KLEINFELDT, BART
 STREET ADDRESS 987 DEMARET DR
 CITY-ST-ZIP ROCKLEDGE, FL 00000 32955

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DT Delete
 NAME TURNER, PHILLIP
 STREET ADDRESS 36 BARTON AVE
 CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE Change Addition
 NAME *DT Gresham, Dan*
 STREET ADDRESS *1035 E. Crisabull Rd*
 CITY-ST-ZIP *Merritt Island, FL 32953*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dan Gresham
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/00
 Date

(321) 636-0314
 Daytime Phone #

CR2E037 (9/99)