

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702620

1. Entity Name

THE FIRST CHRISTIAN CHURCH OF COCOA, FLORIDA, IN

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

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

Principal Place of Business 750 MONDAY COURT COCOA FL 32926 US	Mailing Address P.O. BOX 1478 COCOA FL 32923-1478 US
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2. Principal Place of Business 849 Al Kleinfeldt Way	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Cocoa, FL	City & State
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Zip 32922	Country Brevard	Zip	Country
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4. FEI Number 59-2009813	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KLEINFELDT, BART 987 DEMARET DRIVE ROCKLEDGE FL 32955
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOWNSEND, ROBERT E 1304 N FISKE BLVD. #103 COCOA FL 32922 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, JIM 5320 SANDRA DR TITUSVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINFELDT, BART 987 DEMARET DR ROCKLEDGE, FL 00000 32955 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TURNER, PHILLIP 36 BARTON AVE ROCKLEDGE FL 32955 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Gresham, Dan 1035 E. Crisabull Rd Merritt Island, FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] DATE: 5/22/00 DAYTIME PHONE #: (321) 636-0314

CR2E037 (9/99)