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 # 703594 (2)

1. Corporation Name

UNITARIAN UNIVERSALIST CONGREGATION OF COCOA, IN C.

Principal Place of Business	Mailing Address
1261 RANGE RD PO BOX 669 COCOA FL 32923-7669	1261 RANGE RD PO BOX 669 COCOA FL 32923-7669

3. Date Incorporated or Qualified: 02/15/1962
3a. Date of Last Report: 01/24/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-6591800 ☐ 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

RAGSDALE, WILLIAM C.
2185 KEY LIME DRIVE
TITUSVILLE FL 32780-3336

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 _____ 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	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MATTSON, JANE		1.2 NAME	RAGSDALE, WILLIAM C	
STREET ADDRESS	1175 MAYFLOWER AVE		1.3 STREET ADDRESS	2185 KEYLIME DRIVE	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHEELBARGER, ROBERT		2.2 NAME		
STREET ADDRESS	869 SPIREA DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RAGSDALE, RUTHE		3.2 NAME		
STREET ADDRESS	2185 KEY LIME DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	RUDDICK, MARTHA		4.2 NAME	NOLAN, KATHY	
STREET ADDRESS	225 S. TROPICAL TRAIL #915		4.3 STREET ADDRESS	940 S. COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL		4.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RAGSDALE, WILLIAM C		5.2 NAME		
STREET ADDRESS	2185 KEY LIME DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, KEATH		6.2 NAME		
STREET ADDRESS	2712 PADDEN COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: W.C. Ragsdale W.C. Ragsdale 1/19/96 407/269-9610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #