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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703594

1. Corporation Name

UNITARIAN UNIVERSALIST CONGREGATION OF COCOA, IN C.

609008 - 90005 - 4

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

2. Principal Place of Business 21 1261 Range Rd	2a. Mailing Address 26 PO Box 669	3. Date Incorporated or Qualified 02/15/1962
Suite, Apt. #, etc. 22 PO Box 669	Suite, Apt. #, etc. 27	4. FEI Number 59-6591800 ☐ Applied For ☐ Not Applicable
City & State 23 Cocoa FL	City & State 28 Cocoa FL 32923-7669	5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
Zip / Country 24 32923-7669 25	Zip / Country 29 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~RAINER, LAWRENCE H~~
~~4244 WELLINGTON RD~~
~~MELBOURNE FL 32935~~

10. Name and Address of New Registered Agent

81 Name: Brady, Michael J
82 Street Address (P.O. Box Number is Not Acceptable): 6630 Arequippa Rd
83
84 City: Cocoa FL 85 Zip Code: 32927

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: Michael Brady — 7-11-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	RAYNER, LAWRENCE H		1.2 NAME	Brady, Michael J	
STREET ADDRESS	4244 WELLINGTON RD		1.3 STREET ADDRESS	6630 Arequippa Rd	
CITY-ST-ZIP	MELBOURNE FL 32935		1.4 CITY-ST-ZIP	Cocoa FL 32927	
TITLE	S	☒ DELETE	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	MACCONNER, ANN		2.2 NAME	Cummins, Paul J	
STREET ADDRESS	8702 CROTON RD		2.3 STREET ADDRESS	1710 Yates Dr	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		2.4 CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	T	☒ DELETE	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	NOUAHAUS, WILLIAM		3.2 NAME	Cummins, Rene S	
STREET ADDRESS	118 BRIARWOOD LN		3.3 STREET ADDRESS	1710 Yates Dr	
CITY-ST-ZIP	COCOA FL 32926		3.4 CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	T	☒ DELETE	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	ALIFF, KAREN		4.2 NAME	Douglas, Robyn L	
STREET ADDRESS	385 COUNTRY LANE DR		4.3 STREET ADDRESS	6290 Janina Rd	
CITY-ST-ZIP	COCOA FL 32926		4.4 CITY-ST-ZIP	Cocoa FL 32927	
TITLE	VP	☒ DELETE	5.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	MADTSON, JANE		5.2 NAME	Neuhaus, William	
STREET ADDRESS	1175 MAYFLOWER AVER		5.3 STREET ADDRESS	118 Briarwood Ln	
CITY-ST-ZIP	MELBOURNE FL 32940		5.4 CITY-ST-ZIP	Cocoa FL 32926	
TITLE	TR	☒ DELETE	6.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	ARNOLD, FRANK		6.2 NAME	Ruddick, Martha	
STREET ADDRESS	4100 OCEAN BEACH BLVD.		6.3 STREET ADDRESS	225 Buccaneer Ave #105	
CITY-ST-ZIP	COCOA BEACH FL		6.4 CITY-ST-ZIP	Merritt Island FL 32952	

CR2E037 (5/99)

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: Michael Brady — SIGNATURE REQUIRED — 7-11-99 — 632-0992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #