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FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724047** (6)

1. Corporation Name

FISKE BLVD. CHURCH OF CHRIST, INC.

Principal Place of Business

**805 S. FISKE BLVD.
PO BOX 560052
ROCKLEDGE FL 32956-0052
US**

Mailing Address

**805 S. FISKE BLVD.
PO BOX 560052
ROCKLEDGE FL 32956-0052
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WILLIAMS, EDDIE JR.
117 EXPLORER COURT
COCOA FL 32922**

3. Date Incorporated or Qualified

08/07/1972

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2678978

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WILLIAMS, EDDIE**
STREET ADDRESS **117 EXPLORER COURT**
CITY-ST-ZIP **COCOA FL**

TITLE **D** ☐ DELETE

NAME **FELTON, JOE**
STREET ADDRESS **1030 REVILLA LANE**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **DT** ☐ DELETE

NAME **BOUEY, EDWARD W**
STREET ADDRESS **917 S VARR AVENUE**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **D** ☐ DELETE

NAME **MORRIS, EDWARD E SR**
STREET ADDRESS **3707 BROCKINGTON CIRCLE**
CITY-ST-ZIP **COCOA FL**

TITLE **D** ☐ DELETE

NAME **MCGRADY, WILLIE J**
STREET ADDRESS **3754 WOOD CIR.**
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**1220 N. Tropical Trail
Merritt Island, FL 32953**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward W. Bouey

(407) 383-2200 X 2307

4-18-97

Date

Daytime Phone # 0020306

CR2E037 (9/96)