

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734041 (7)**  
1. Corporation Name  
**TRUSTEE CORPORATION OF GREATER ST. PAUL BAPTIST CHURCH OF COCOA, FLORIDA, INC.**



Principal Place of Business <b>L BAPTIST CHURCH OF COCOA, FLA., INC. C/O W. O. WELLS, 246 ORANGE STREET COCOA FL</b>	Mailing Address <b>L BAPTIST CHURCH OF COCOA, FLA., INC. C/O W. O. WELLS, 246 ORANGE STREET COCOA FL</b>
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3. Date Incorporated or Qualified <b>10/10/1975</b>	3a. Date of Last Report <b>12/19/1996</b>
4. FEI Number <b>59-1840882</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**WELLS, W O  
213 MAGNOLIA STREET  
COCOA FL 32922**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>WELLS, W O</b>
STREET ADDRESS	<b>213 MAGNOLIA STREET</b>
CITY-ST-ZIP	<b>COCOA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CAMPBELL, JOSEPH</b>
STREET ADDRESS	<b>213 MAGNOLIA STREET</b>
CITY-ST-ZIP	<b>COCOA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GRAY, JAMES</b>
STREET ADDRESS	<b>213 MAGNOLIA STREET</b>
CITY-ST-ZIP	<b>COCOA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SHAW, AMIE</b>
STREET ADDRESS	<b>213 MAGNOLIA STREET</b>
CITY-ST-ZIP	<b>COCOA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JONES, NED</b>
STREET ADDRESS	<b>213 MAGNOLIA STREET</b>
CITY-ST-ZIP	<b>COCOA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: W. O. Wells **4/24/97** 407 686 7140  
 SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0001115

CR2E037 (9/96)