

FILE NOW: FILING FEE IS \$61.25

FILED

**May 12 1998 8:00am
Secretary of State**

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 734041 (7)

1. Corporation Name
TRUSTEE CORPORATION OF GREATER ST. PAUL BAPTIST CHURCH OF COCOA, FLORIDA, INC.



| | |
|---|---|
| Principal Place of Business L BAPTIST CHURCH OF COCOA, FLA., INC. C/O W. O. WELLS, 246 ORANGE STREET COCOA FL | Mailing Address L BAPTIST CHURCH OF COCOA, FLA., INC. C/O W. O. WELLS, 246 ORANGE STREET COCOA FL |
|---|---|

| | |
|---|--|
| 3. Date Incorporated or Qualified 10/10/1975 | |
| 4. FEI Number 59-1040882 59-3493508 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 28 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | WELLS, W O | |
| STREET ADDRESS | 213 MAGNOLIA STREET | |
| CITY-ST-ZIP | COCOA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CAMPBELL, JOSEPH | |
| STREET ADDRESS | 213 MAGNOLIA STREET | |
| CITY-ST-ZIP | COCOA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GRAY, JAMES | |
| STREET ADDRESS | 213 MAGNOLIA STREET | |
| CITY-ST-ZIP | COCOA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SHAW, AMIE | |
| STREET ADDRESS | 213 MAGNOLIA STREET | |
| CITY-ST-ZIP | COCOA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JONES, NED | |
| STREET ADDRESS | 213 MAGNOLIA STREET | |
| CITY-ST-ZIP | COCOA FL | |
| 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 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)* **W. O. WELLS** **4-27-98 417-636-7178**

CP2E037 (10/97)