

**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 # 763408 (2)**  
1. Corporation Name  
**COVE ROAD CHURCH OF CHRIST, INC.**



Principal Place of Business: **4175 SE COVE RD, PO BOX 867, PT SALERNO FL 34992-0867**  
Mailing Address: **4175 SE COVE RD, PO BOX 867, PT SALERNO FL 34992-0867**

3. Date Incorporated or Qualified: **05/24/1982**  
3a. Date of Last Report: **03/02/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number <b>59-2189897</b>	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**METZ, FRANZ  
5751 SE 138TH STREET  
HOBE SOUND FL 33455**

**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

**FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>METZ, FRANZ</b>	1.2 NAME	
STREET ADDRESS	<b>5751 SE 138TH STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOBE SOUND FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAJIS, MIKE</b>	2.2 NAME	
STREET ADDRESS	<b>8061 SHILOH TERRACE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOBE SOUND FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALL, JOSEPH</b>	3.2 NAME	
STREET ADDRESS	<b>217 SE EYERLY STREET</b>	3.3 STREET ADDRESS	<b>TO</b> <b>JOE R. BALL</b> <b>12851 S.W. Circle Dr.</b> <b>Hobe Sound, FL 33455</b>
CITY - ST - ZIP	<b>PT. ST. LUCIE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Joe R. Ball - Joe R. Ball      Date: 2-14-96      Daytime Phone #: 407 546-2673

CR2E037 (12/95)