

# 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 # **702265** (0)

1. Corporation Name

**FIRST CHRISTIAN CHURCH OF COCOA BEACH, FLORIDA, INC.**



Principal Place of Business

Mailing Address

P. O. BOX 807  
470 SO. BREVARD AVE.  
COCOA BEACH FL 32931

P. O. BOX 807  
470 SO. BREVARD AVE.  
COCOA BEACH FL 32931

3. Date Incorporated or Qualified  
**04/12/1961**

3a. Date of Last Report  
**03/08/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-1236627**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAWKINS, GLEN F  
985 NEWFOUND HARBOR DRIVE  
MERRITT ISLAND FL 32952**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DC**  
STREET ADDRESS **HAWKINS, GLEN F**  
CITY-ST-ZIP **985 NEWFOUND HARBOR DR. MERRITT ISLAND FL**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **S JOE BRENNAN**  
1.3 STREET ADDRESS **90A SOUTH MAGNOLIA DR.**  
1.4 CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE ☐ DELETE  
NAME **D BROWN, JIM**  
STREET ADDRESS **1305 S. ATLANTIC AVE HACIENDA DEL MAR #480**  
CITY-ST-ZIP **COCOA BEACH FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D FARMER, BILL**  
STREET ADDRESS **319 DORSET DR.**  
CITY-ST-ZIP **COCOA BEACH FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **S REVAZ, PEGGY**  
STREET ADDRESS **200 INTERNATIONAL DR UNIT 909**  
CITY-ST-ZIP **CAP CANAVERAL FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D HAWKINS, JIM**  
STREET ADDRESS **1404 ELIZABETH AVENUE**  
CITY-ST-ZIP **COCOA FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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: **Glen F Hawkins GLEN F. HAWKINS**

**4/28/96**

**407 453 8865**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)