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Mar 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32931-2506

3. Date incorporated or Qualified 04/12/1961  
3a. Date of Last Report 02/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-1236627  
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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 William H Farmer  
82 Street Address (P.O. Box Number is Not Acceptable) 319 Dorset Dr  
83  
84 City Cocoa Beach FL 85 Zip Code 32931

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 William H. Farmer Will H. Farmer DATE 3/8/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	HAWKINS, GLEN F	
STREET ADDRESS	985 NEWFOUND HARBOR DR.	
CITY - ST - ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, JIM	
STREET ADDRESS	1305 S. ATLANTIC AVE HACIENDA DEL MAR #480	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FARMER, BILL	
STREET ADDRESS	319 DORSET DR.	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BRENNAN, JOE	
STREET ADDRESS	90A SOUTH MAGNOLIA DRIVE	
CITY - ST - ZIP	SATELLITE BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAWKINS, JIM	
STREET ADDRESS	1404 ELIZABETH AVENUE	
CITY - ST - ZIP	COCOA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	William H. Farmer DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	319 Dorset Drive	
1.4 CITY - ST - ZIP	Cocoa Beach FL 32931	
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	S DAVID Headley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	9940 Pinewood Place	
4.4 CITY - ST - ZIP	Cocoa FL 32926	
5.1 TITLE	D DANNY JORDON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	1008 Hayden Road	
5.4 CITY - ST - ZIP	Rockledge FL 32955	
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: William H. Farmer William H. Farmer DATE 3/8/97

CR2E037 (9/96)