


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90068 035 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000822

1. Corporation Name

COCOA PRESBYTERIAN CHURCH, INC.

94877 - 90068 - 35

Principal Place of Business
1404 DIXON BLVD
COCOA FL 32922 - 6412

Mailing Address
1404 DIXON BLVD
COCOA FL 32922 - 6412



2. Principal Place of Business 21 1404 DIXON BLVD. Suite, Apt. #, etc. 22 N/A City & State 23 COCOA, FLORIDA Zip 24 32922-6412	2a. Mailing Address 26 1404 DIXON BLVD. Suite, Apt. #, etc. 27 N/A City & State 28 COCOA, FLORIDA 32922 6412 Zip 29 32922 6412 30	3. Date Incorporated or Qualified 05/14/1959 4. FEI Number 59-1009918 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
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9. Name and Address of Current Registered Agent

BROWN, ALICE S.
2801 SLIPPERY ROCK DR
COCOA FL 32926 - 5477

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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	TR <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEPARD, WAYNE	1.2 NAME	
STREET ADDRESS	1411 SO. ROCKLEDGE	1.3 STREET ADDRESS	EARL PERRY
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	549 ROCKLEDGE DR.: Rockledge, fl. 32955
TITLE	TR <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, PAUL	2.2 NAME	
STREET ADDRESS	3743 N INDIAN RIVER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	
TITLE	CTR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ALICE S	3.2 NAME	
STREET ADDRESS	2801 SLIPPERY ROCK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926-5744	3.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, W C	4.2 NAME	
STREET ADDRESS	112 BOUGANVILLEA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	4.4 CITY-ST-ZIP	
TITLE	TR ALTERNATE <input type="checkbox"/> DELETE	5.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HISE, ERMA P.	5.2 NAME	HISE, ERMA P.
STREET ADDRESS	1117 WEST HIGHLAND DR	5.3 STREET ADDRESS	1117 HIGHLSND DR.
CITY-ST-ZIP	COCOA FL 32922	5.4 CITY-ST-ZIP	COCOA, FL 32922
TITLE	TR <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, KENNETH	6.2 NAME	
STREET ADDRESS	1108 WEST HIGHLAND DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32922	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Alice S. Brown - 9 January 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

ALICE S. BROWN

CR2E037 (1/98)

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