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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 # 702265

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

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 320807	3. Date Incorporated or Qualified 04/12/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1236627 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 32932-0807 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WILLIAM H FARMER
319 DORSET DR
COCOA BCH FL 32931

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM H FARMER		1.2 NAME		
STREET ADDRESS	3190 DORSET DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, JIM		2.2 NAME		
STREET ADDRESS	1305 S. ATLANTIC AVE HACIENDA DEL MAR #480		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		2.4 CITY-ST-ZIP		
TITLE	S Director	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVID HEADLEY		3.2 NAME		
STREET ADDRESS	4940 PINEWOOD PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DANNY JORDON		4.2 NAME		
STREET ADDRESS	1008 HADEN RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: L. M. SIGNATURE REQUIRED 2-7-99 (407) 783-4303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #