

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700069** (8)  
1. Corporation Name  
**FIRST CHURCH OF THE NAZARENE COCOA, FLORIDA, INC**



Principal Place of Business  <b>FLORIDA INC. 1009 SOUTH FISKE BLVD ROCKLEDGE FL 32955</b>	Mailing Address  <b>FLORIDA INC. 1009 SOUTH FISKE BLVD ROCKLEDGE FL 32955-2315</b>
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3. Date Incorporated or Qualified <b>10/21/1959</b>	3a. Date of Last Report <b>02/28/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-1876850</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, DONALD M.  
1270 TUCKAWAY DRIVE  
ROCKLEDGE FL 32955**

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, DONALD M.</b>	1.2 NAME	
STREET ADDRESS	<b>1270 TUCKAWAY DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEIB, MARK</b>	2.2 NAME	
STREET ADDRESS	<b>987 BOXFORD LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONAS, VIRGINIA</b>	3.2 NAME	
STREET ADDRESS	<b>1108 ABINGTON</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, LAVERNE</b>	4.2 NAME	
STREET ADDRESS	<b>4008 GARDEN STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CULLEMBER, LORNA J.</b>	5.2 NAME	
STREET ADDRESS	<b>2 BURLINGTON AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	5.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, WALTER</b>	6.2 NAME	
STREET ADDRESS	<b>982 BAYWARD PLACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: **1-23-97** Daytime Phone #: **(407) 636-4600**

CR2E037 (9/96)