

**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 # 701669 (4)

1. Corporation Name

FIRST BAPTIST CHURCH OF COCOA, FLORIDA, HOLDING CORPORATION, INC.



Principal Place of Business

Mailing Address

FIRST BAPTIST  
750 BREVARD AVE.  
COCOA FL 32922-7810

FIRST BAPTIST  
750 BREVARD AVE.  
COCOA FL 32922-7810

3. Date Incorporated or Qualified 11/14/1960  
3a. Date of Last Report 08/25/1995

21	2. Principal Place of Business	2a. Mailing Address	26
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27
23	City & State	City & State	28
24	Zip	Country	29
25		Zip	30
25		Country	30

4. FEI Number	Applied For
59-0747303	Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MEADOWS, DANIEL N.  
212 BEVERLY RD  
COCOA FL 32922

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	COOK, JAMES R	
STREET ADDRESS	201 PLANTATION CLUB DRIVE, #702	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARNOLD, CARL J	
STREET ADDRESS	115 INDIAN RIVER DR., #210	
CITY-ST-ZIP	COCOA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DIXON, RUSSELL E	
STREET ADDRESS	2115 MAC FARLAND DR.	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, DAVID	
STREET ADDRESS	875 KINGS POST RD	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Russell Dixon	
1.3 STREET ADDRESS	2115 MacFarland Dr.	
1.4 CITY-ST-ZIP	Cocoa, FL 32922	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kenneth Nail, Jr.	
2.3 STREET ADDRESS	1645 PLUTO St.	
2.4 CITY-ST-ZIP	Merritt Island, FL 32953	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Anne G. Butler	
3.3 STREET ADDRESS	310 Hibiscus	
3.4 CITY-ST-ZIP	Merritt Island, FL 32952	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAMPLES, PHYLLIS	
4.3 STREET ADDRESS	989 ELKCAM BOVD	
4.4 CITY-ST-ZIP	COCOA, FL 32927-5015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: PHYLLIS SAMPLES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Phyllis Samples 1-30-96 407-636-3868  
Date Daytime Phone #

CR2E037 (12/95)