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Feb 12 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 # 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



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

3. Date Incorporated or Qualified 11/14/1960 3a. Date of Last Report 03/06/1996
4. FEI Number 59-0747303 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	DIXON, RUSSELL	
STREET ADDRESS	2115 MACFARLAND DRIVE	
CITY-ST-ZIP	COCOA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NAIL, JR. KENNETH	
STREET ADDRESS	1645 PLUTO STREET	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BUTLER, ANNE G.	
STREET ADDRESS	310 HIBISCUS	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SAMPLES, PHYLLIS	
STREET ADDRESS	989 ELKCAM BLVD	
CITY-ST-ZIP	COCOA 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	CARL J. ARNOLD, JR	
1.3 STREET ADDRESS	115 INDIAN RIVER DR # 210	
1.4 CITY-ST-ZIP	COCOA, FL 32922	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM M. SAMPLES	
2.3 STREET ADDRESS	989 ELKCAM BLVD	
2.4 CITY-ST-ZIP	COCOA, FL 32922	
3.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANNE G. BUTLER	same
3.3 STREET ADDRESS	310 HIBISCUS BLVA	
3.4 CITY-ST-ZIP	MERRITT ISLAND FL 32932	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THOMAS YOUNG	
4.3 STREET ADDRESS	1702 CAMBRIDGE DR.	
4.4 CITY-ST-ZIP	COCOA, FL 32922	
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 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: *Carl J. Arnold* 1/29/97 (407)636-2868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018975

CR2E037 (9/96)