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**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701669 (4)

1. Corporation Name
FIRST BAPTIST CHURCH OF COCOA, FLORIDA, HOLDING CORPORATION, INC.

Principal Place of Business FIRST BAPTIST 750 BREVARD AVE. COCOA FL 32922-7810	Mailing Address FIRST BAPTIST 750 BREVARD AVE. COCOA FL 32922-7810
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3. Date Incorporated or Qualified 11/14/1960	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-0747303		
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

12. OFFICERS AND DIRECTORS		
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	ARNOLD, CARL J JR	
STREET ADDRESS	115 INDIAN RIVER DR #210	
CITY-ST-ZIP	COCOA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SAMPLES, WILLIAM M	
STREET ADDRESS	989 ELKAM BLVD	
CITY-ST-ZIP	COCOA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, ANNE G.	
STREET ADDRESS	310 HIBISCUS	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	YOUNG, THOMAS	
STREET ADDRESS	1702 CAMBRIDGE DR	
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	SAMPLES, WILLIAM M	
1.3 STREET ADDRESS	989 ELKAM BLVD.	
1.4 CITY-ST-ZIP	COCOA, FL 32927	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ARNOLD, CARL J JR.	
2.3 STREET ADDRESS	115 INDIAN RIVER DR. # 210	
2.4 CITY-ST-ZIP	COCOA, FL 32922	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BUFFMIRE, ROBERT D	
3.3 STREET ADDRESS	1240 SHADY LANE	
3.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	> SAME	
4.4 CITY-ST-ZIP		
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 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: *William M Samples* 4-16-98

CR2E037 (10/97)