

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

0029347

DOCUMENT # 701669

1. Entity Name

FIRST BAPTIST CHURCH OF COCOA, FLORIDA, HOLDING

05-10-2001 90061 050 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0747303

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEADOWS, DANIEL N.
212 BEVERLY RD
COCOA FL 32922

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DC** Delete
 NAME **DEDEGE, GARY**
 STREET ADDRESS **1001 ILLINOIS RD**
 CITY-ST-ZIP **COCOA FL 32927**

TITLE **DEACON CHAIRMAN** Change Addition
 NAME **EDWARD M. JACKSON**
 STREET ADDRESS **170 CARRIGAN BLVD.**
 CITY-ST-ZIP **MERRITT ISLAND, FL. 32952**

TITLE **VD** Delete
 NAME **BUTLER, ANNE**
 STREET ADDRESS **1608 WOODLAND #202**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **DEACON VICE CHAIRMAN** Change Addition
 NAME **KARL JOHNSON**
 STREET ADDRESS **1205 HERITAGE ACRES BLVD.**
 CITY-ST-ZIP **ROCKLEDGE, FL. 32955**

TITLE **DS** Delete
 NAME **WHITFIELD, KAY**
 STREET ADDRESS **2505 TROTTERS TEA**
 CITY-ST-ZIP **COCOA FL 32926**

Change Addition

TITLE **DT** Delete
 NAME **YOUNG, THOMAS**
 STREET ADDRESS **1702 CAMBRIDGE DR**
 CITY-ST-ZIP **COCOA FL 32922**

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edward M. Jackson **EDWARD M. JACKSON #/22/01**

321-453-4532

CR2E037 (10/00)