2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 11, 2002 8:00 am **DOCUMENT # 701669 Secretary of State** 1. Entity Name FIRST BAPTIST CHURCH OF COCOA, FLORIDA, HOLDING 02-11-2002 90197 024 ****61 25 CORPORATION, INC. Principal Place of Business Mailing Address FIRST BAPTIST FIRST BAPTIST 750 BREVARD AVE. 750 BREVARD AVE COCOA FL 32922-7810 COCOA FL 32922-7810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-0747303 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MEADOWS, DANIEL N. 212 BEVERLY RD COCOA FL 32922 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Addition ☐ Delete Change Jackson, Edward M NAME NAME CARL JOHNSON 170 CARRIGAN BLVD STREET ADDRESS STREET ADDRESS 1205 HERITAGE ACRES BLVD CITS-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP ROCKLEDGE FL 32955 DVC ☐ Delete TITLE Change ☐ Addition DVC KAY WHITFIELD JOHNSON, CARL NAME NAME 2505 TROTTERS TRAIL 1205 HERITAGE ACRES BLVD STREET ADDRESS STREET ADDRESS COCOA, FL 32926 **ROCKLEDGE FL 32955** CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete_ TITLE ☐ Addition GINGER TATE WHITFIELD, KAY NAME NAME 16 OAK STREET #A 2505 TROTTERS TEA STREET ADDRESS STREET ADDRESS 32922 COCOA, FL CITY-ST-ZIP COCOA FL 32926 CITY-ST-ZIP DT ☐ Delete [7] Change ☐ Addition YOUNG, THOMAS NAME NAME 1702 CAMBRIDGE DR STREET ADDRESS STREET ADDRESS COCOA FL 32922 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

LYNN CARTER

1-18-02 636-2868

(10/6) CR2E037