

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90508 032 ****61.25

SECRET

DOCUMENT # 701669

1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-0747303** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MEADOWS, DANIEL N.
212 BEVERLY RD
COCOA FL 32922**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, CARL	
STREET ADDRESS	1205 HERITAGE ACRES BLVD	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	DVC	<input checked="" type="checkbox"/> Delete
NAME	WHITFIELD, KAY	
STREET ADDRESS	2505 TROTTERS TRAIL	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	TAATE, GINGER	
STREET ADDRESS	16 OAK STREET #A	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	DT	<input type="checkbox"/> Delete
NAME	YOUNG, THOMAS	
STREET ADDRESS	1702 CAMBRIDGE DR	
CITY-ST-ZIP	COCOA FL 32922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWHAY, JODY	
STREET ADDRESS	460 RIO VISTA LANE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUFFMIRE, ROBERT	
STREET ADDRESS	1240 SHADY LANE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATUM, RUTH	
STREET ADDRESS	974 BARTLETT LANE	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jody Bowhay* **SIGNATURE REQUIRED** Bowhay 1/15/03 321-459-9464

DATE: _____ DAYTIME PHONE # _____

CR2E037 (10/02)