

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:39

DOCUMENT # 702265 (0)

1. Corporation Name

FIRST CHRISTIAN CHURCH OF COCOA BEACH, FLORIDA,
INC.

Principal Place of Business

Mailing Address

P. O. BOX 807
470 SO. BREVARD AVE.
COCOA BEACH FL 32931

P. O. BOX 807
470 SO. BREVARD AVE.
COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1961

3a. Date of Last Report

01/28/1994

4. FEI Number

59-1236627

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

STEVE, KENNETH P
6541 STARDUST LANE
ORLAND FL 32818

10. Name and Address of New Registered Agent

81 Name GLEN F. HAWKINS
82 Street Address (P.O. Box Number is Not Acceptable)
985 NEWFOUND HARBOR DRIVE
83
84 City MERRITT ISLAND FL 85 Zip Code 32952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Glen F. Hawkins GLEN F. HAWKINS

02/22/95

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	STEVE, KENNETH P
STREET ADDRESS	6541 STARDUST LANE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	HAWKINS, GLEN
STREET ADDRESS	985 NEW FOUND HARBOR DR
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	D
NAME	GAULKINS, HARRY
STREET ADDRESS	200 S BANANA RIVER DR
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	T
NAME	REVAZ, PEGGY
STREET ADDRESS	1325 BAY SHORE DR
CITY-ST-ZIP	COCOA BCH FL
TITLE	D
NAME	HAWKINS, JIM
STREET ADDRESS	1404 ELIZABETH AVENUE
CITY-ST-ZIP	COCOA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	☒ Change ☐ Addition
1.2 NAME	GLEN F HAWKINS	
1.3 STREET ADDRESS	985 NEW FOUND HARBOR DR	
1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
2.1 TITLE	D	☒ Change ☒ Addition
2.2 NAME	JIM BROWN	
2.3 STREET ADDRESS	1305 S ATLANTIC AVE	
2.4 CITY-ST-ZIP	HACIENDA DEL MAR, APT 480 COCOA BEACH, FL 32931	
3.1 TITLE	D	☒ Change ☒ Addition
3.2 NAME	BILL FARMER	
3.3 STREET ADDRESS	319 DORSET DR.	
3.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
4.1 TITLE	S	☒ Change ☐ Addition
4.2 NAME	REVAZ, PEGGY	
4.3 STREET ADDRESS	200 INTERNATIONAL DR UNIT 909	
4.4 CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	COCOA, FL 32922	
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Glen F. Hawkins GLEN F. HAWKINS

2/22/95

407-453-8865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #