FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT #Corporation Name

(0)

FIRST CHRISTIAN CHURCH OF COCOA BEACH, FLORIDA.

INC. Principal Place of Business Mailing Address P. O. BOX 807 P. O. BOX 807 3. Date Incorporated or Qualified 470 SO. BREVARD AVE. 470 SO. BREVARD AVE. COCOA BEACH FL 32931 <u>04/12/1961</u> COCOA BEACH FL 32831 4. FEI Number Applied For Not Applicable 59-1236627 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 ☐ Yes Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILLIAM H FARMER Street Address (P.O. Box Number is Not Acceptable) 319 DORSET DR COCOA BOH FL 32931 83 84 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition NAME **WILLIAM H FARMER** 1.2 NAME 3190 DORSET DR STREET ADDRESS 1.3 STREET ADDRESS **COCOA BCH FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition **B**ROWN, JIM NAME 2.2 NAME 1305 S. ATLANTIC AVE HACIENDA DEL MAR #480 STREET ADDRESS 2.3 STREET ADDRESS COCOA BEACH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME FARMER, BILL 3.2 NAME 319 DORSET DR. STREET ADDRESS 3.3 STREET ADDRESS ÇOCOA BEACH FL CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition **DAVID HEADLEY** 4. 2 NAME STREET ADDRESS 4940 PINEWOOD PL 4.3 STREET ADDRESS COCOA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change ☐ Addition 5.1 TITLE **DANNY JORDON** NAME 5.2 NAME STREET ADDRESS 1008 HADEN RD 5.3 STREET ADDRESS ROCKLEDGE FL CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 in address.

6.4 CITY-ST-ZIP

FILED

May 22 1998 8:00am

Secretary of State