

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 702265					
1. Corporation Name FIRST CHRISTIAN CHURCH OF COCOA BEACH, FLORIDA, INC.					
Principal Place of Business P. O. BOX 807 470 SO. BREVARD AVE. COCOA BEACH FL 32931			Mailing Address P. O. BOX 807 470 SO. BREVARD AVE. COCOA BEACH FL 32931		

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STATE OF FLORIDA
TALLAHASSEE

2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/12/1961	
22 City & State		27 City & State		4. FEI Number 59-1236627	
23 Zip		28 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent WILLIAM H FARMER 319 DORSET DR COCOA BCH FL 32931				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 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 _____ (NOTE: Registered Agent signature required when retaking) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	
NAME	WILLIAM H FARMER	1.2 NAME	
STREET ADDRESS	3190 DORSET DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BROWN, JIM	2.2 NAME	
STREET ADDRESS	1305 S. ATLANTIC AVE HACIENDA DEL MAR #480	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S Director	3.1 TITLE	
NAME	DAVID HEADLEY	3.2 NAME	
STREET ADDRESS	4940 PINWOOD PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	DANNY JORDON	4.2 NAME	
STREET ADDRESS	1008 HADEN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 an address, with all other like empowered.

SIGNATURE: WILLIAM H FARMER 2-7-99 (407) 783-4203