

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702265

1. Entity Name

FIRST CHRISTIAN CHURCH OF COCOA BEACH, FLORIDA, INC.

Principal Place of Business

Mailing Address

470 SO. BREVARD AVE.
COCOA BEACH FLA 32931

PO BOX 320807
COCOA BEACH FL 32932-0807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1236627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM H FARMER
319 DORSET DR
COCOA BCH FL 32931

Name

Robin M.L. Cornell

Street Address (P.O. Box Number is Not Acceptable)

103 North Atlantic Ave.

City

Cocoa Beach

FL

Zip Code
32931

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

Robin M.L. Cornell

Robin M.L. Cornell

3/27/02

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

(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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC
NAME WILLIAM H FARMER ☒ Delete
STREET ADDRESS 3190 DORSET DR
CITY-ST-ZIP COCOA BCH FL

TITLE D ☐ Change ☒ Addition
NAME Ray Perry
STREET ADDRESS 5685 Jamaica Road
CITY-ST-ZIP Cocoa, FL 32927

TITLE SD ☐ Delete
NAME DAVID HEADLEY
STREET ADDRESS 4940 PINWOOD PL
CITY-ST-ZIP COCOA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DANNY JORDON
STREET ADDRESS 107 COQUINA DRIVE
CITY-ST-ZIP COCOA FL 32922

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

DAVID HEADLEY

3-27-02 321-861-4684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Designation

CR2E037 (9/01)

0070204

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90066 014 ****61.25



DO NOT WRITE IN THIS SPACE