

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 702265

1. Entity Name
**FIRST CHRISTIAN CHURCH OF COCOA BEACH,
FLORIDA, INC.**



Principal Place of Business
**470 SO. BREVARD AVE.
COCOA BEACH, FL 32931**

Mailing Address
**PO BOX 320807
COCOA BEACH, FL 32932-0807**



04182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**CORNELL, ROBIN M. L
103 NORTH ATLANTIC AVENUE
COCOA BEACH, FL 32931**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEADLEY, DAVID 4940 PINWOOD PL COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, DANNY 107 COQUINA DRIVE COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, RAY 5685 JAMAICA ROAD COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/23/05-80058-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05

Daytime Phone # _____