

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90231 050 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 702265					
1. Entity Name FIRST CHRISTIAN CHURCH OF COCOA BEACH, FLORIDA, INC.					
Principal Place of Business 470 SO. BREVARD AVE. COCOA BEACH FLA. 32931			Mailing Address 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 CORNELL, ROBIN M. L. 103 NORTH ATLANTIC AVENUE COCOA BEACH, FL 32931			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when appointing)					
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 Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DAVID HEADLEY		NAME		
STREET ADDRESS	4940 PINEWOOD PL		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DANNY JORDON		NAME		
STREET ADDRESS	107 COQUINA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32922		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PERRY, RAY		NAME		
STREET ADDRESS	6685 JAMAICA ROAD		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____		5/7/03		321-636-7382	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Telephone #	

10103951



☐ CHECK HERE IF MAKING CHANGES

CR20037 (10/02)