

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **707159** (0)
1. Corporation Name
FIRST BAPTIST CHURCH OF COCOA BEACH INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**830 SOUTH ATLANTIC AVENUE
COCOA BEACH FL 32931** **830 SOUTH ATLANTIC AVENUE
COCOA BEACH FL 32931**

3. Date Incorporated or Qualified 04/14/1964	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1152517	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite Apt # etc	26. Suite Apt # etc
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**GOLDSMITH, DONALD
557 S ORLANDO AVE
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. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
As of the _____ day of _____, 1994, at the _____
I, _____, Registered Agent of the corporation, hereby certify that the above information is true and correct.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
11. NAME SD CARLSON, DAVE 380 WOODLAWN AVE. COCOA BEACH FL	12. STREET ADDRESS COCOA BEACH FL	11. NAME PD Capizzi, Keith 116 Boca Ciega Cocoa Beach, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME PD JOHNSON, DON 411 DEMPSEY DRIVE COCOA BEACH FL	12. STREET ADDRESS COCOA BEACH FL	11. NAME VD Johnson, Don 411 Dempsey Dr. Cocoa Beach, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME VD CAPIZZI, KEITH 116 BOCA CIEGA COCOA BEACH FL	12. STREET ADDRESS COCOA BEACH FL	11. NAME SD Salonek, John 650 N. Atlantic Ave. Cocoa Beach, FL 32931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11. NAME	12. STREET ADDRESS	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	12. STREET ADDRESS	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	12. STREET ADDRESS	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	12. STREET ADDRESS	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 319.07(6)(b), Florida Statutes. I further certify that the information set forth on this annual report or supplemental annual report is true and correct 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 person or persons empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *John Salonek* *John Salonek* 05/14/95 707-553-6722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR