

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707159

1. Entity Name

FIRST BAPTIST CHURCH OF COCOA BEACH INC. ✓

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90008 033 ****61.25

Principal Place of Business

830 SOUTH ATLANTIC AVENUE
 COCOA BEACH FLA 32931

Mailing Address

830 SOUTH ATLANTIC AVENUE
 COCOA BEACH FLA 32931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1152517

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLDSMITH, DONALD
557 S ORLANDO AVE
COCOA BCH 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.

SIGNATURE _____

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
After September 13, 2000 min. will be \$236.25

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

TITLE: PD
 NAME: MILLER, JACK Delete
 STREET ADDRESS: 650 N ATLANTIC AVE., TH7
 CITY-ST-ZIP: COCOA BEACH FL

TITLE: VD
 NAME: JOHNSON, DON Delete
 STREET ADDRESS: 411 DEMPSEY DRIVE
 CITY-ST-ZIP: COCOA BEACH FL

TITLE: SD
 NAME: SALONEK, JOHN Delete
 STREET ADDRESS: 201 ST LUCIE LANE, #606
 CITY-ST-ZIP: COCOA BEACH FL

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE: Change Addition
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 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: *John Salonek* SIGNATURE REQUIRED **John Salonek** 7/16/00 321-783-2844
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)