

FILE NOW: FILING FEE IS \$61.25

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**Mar 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mathis Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708521 (0)

1. Corporation Name
FLORIDA AVENUE CHURCH OF CHRIST OF PALM BAY, INC



Principal Place of Business 1281 FLORIDA AVE NE PALM BAY FL 32905	Mailing Address 1281 FLORIDA AVE NE PALM BAY FL 32905
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3. Date Incorporated or Qualified 02/23/1970	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-1531328		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EDWARD CALDWELL
1309 GIBBS ST.
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	CLEVELAND, ADDERLEY
STREET ADDRESS	3112 PLUMMER CIR.
CITY-ST-ZIP	MELBOURNE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIE HOLMES
STREET ADDRESS	1190 BAY DR. EAST
CITY-ST-ZIP	INDIAN HARBOUR BCH FL
TITLE	SC <input type="checkbox"/> DELETE
NAME	C.L. SPIVEY
STREET ADDRESS	390 GODFREY RD SE
CITY-ST-ZIP	PALM BAY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CALDWELL, EDWARD J.
STREET ADDRESS	1309 GIBBS STREET
CITY-ST-ZIP	MELBOURNE FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	KING, BUDDIE J.
STREET ADDRESS	900 EAST JUNIPER LANE
CITY-ST-ZIP	MELBOURNE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, MACK
STREET ADDRESS	3423 MONROE STREET
CITY-ST-ZIP	MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	(D/S) Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	(D/C) Chairman/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	(P/T) President/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000002473060
5.3 STREET ADDRESS	-03/31/98--01022--023
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE **2/1/98** (487) 700-1397

CF2E037 (10/97)