


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

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 708521 1. Entity Name CHURCH OF CHRIST AT FLORIDA AVENUE, INC.	
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Principal Place of Business 1281 FLORIDA AVE NE PALM BAY, FL 32905	Mailing Address 1281 FLORIDA AVE NE PO BOX 61043 PALM BAY, FL 32906-1043
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**DO NOT WRITE IN THIS SPACE**



02012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1531328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARD CALDWELL  
 1309 GIBBS ST.  
 MELBOURNE, FL 32901

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

**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	
T NAME: KING, SIMPSON STREET ADDRESS: 325 E. UNIVERSITY BLVD APT 3 CITY-ST-ZIP: MELBOURNE, FL 32901	<p>UN00000289229 04/06/05-80019-004 61.25</p> <p style="font-size: 24pt;"><b>DO NOT WRITE IN THIS SPACE</b></p>
STD NAME: CUMMINGS, ROBERT STREET ADDRESS: 1019 COLONNADE AVE CITY-ST-ZIP: PALM BAY, FL 32909	
D NAME: CALDWELL, CHARLES STREET ADDRESS: 750 RED BUD ST CITY-ST-ZIP: MELBOURNE, FL 32901	
PT NAME: CALDWELL, EDWARD J. STREET ADDRESS: 1309 GIBBS STREET CITY-ST-ZIP: MELBOURNE, FL 32901	
DT NAME: EVANS, CURTIS STREET ADDRESS: 1458 MAIN ST NE CITY-ST-ZIP: PALM BAY, FL 32905	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ 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: Robert P. Cummings *Robert P. Cummings* 4-4-05 (321)729-6227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #