2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 708521

1. Entity Name
CHURCH OF CHRIST AT FLORIDA AVENUE, INC.

Principal Place of Business	Mailing Address
1281 FLORIDA AVE NE PALM BAY, FL 32905	1281 FLORIDA AVE NE PO BOX 61043 PALM BAY, FL 32906-1043

DO NOT WRITE IN THIS SPACE

03252008   No Chg-NP   CR2E037 (4/06)

4. FEI Number		Applied For
59-1531328		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

EDWARD CALDWELL
1309 GIBBS ST.
MELBOURNE, FL 32901

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

Filing Fee is $61.25 **Due by May 1, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	04/18/09 00011 000 61.25

10.   OFFICERS AND DIRECTORS

TITLE	T
NAME	KING, SIMPSON
STREET ADDRESS	2712 FLEMING AVE S.W.
CITY-ST-ZIP	PALM BAY, FL 32908

TITLE	STD
NAME	CUMMINGS, ROBERT
STREET ADDRESS	1019 COLONNADE AVE
CITY-ST-ZIP	PALM BAY, FL 32909

TITLE	D
NAME	CALDWELL, CHARLES
STREET ADDRESS	521 WALKER ST
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE	PT
NAME	CALDWELL, EDWARD J.
STREET ADDRESS	1309 GIBBS STREET
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE	DT
NAME	EVANS, CURTIS
STREET ADDRESS	1458 MAIN ST NE
CITY-ST-ZIP	PALM BAY, FL 32905

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/1/08 (321) 728-4439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #