

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 719732 (0)

FIRST CHURCH OF CHRIST OF FLORIDA, INC.

Principal Place of Business

Mailing Address

2171 N.E. HENRY ST.
PALM BAY FL 32905

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PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

11/23/1970

3a. Date of Last Report

06/16/1994

4. FEI Number

05-0103800

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

23. City & State

27. City & State

23

27

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARDS, HENRY L.
2445 NW 179 TERRACE
OPA LOCKA FL 33056

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 607.0617 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 607.0615, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director or Officer

Signature of Registered Agent or Director or Officer

2/1

12. OFFICERS AND DIRECTORS	
1. TITLE	D
2. NAME	MCDONALD, JAMES
3. STREET ADDRESS	3415 SAXON ST
4. CITY, ST., ZIP	MELBOURNE FL
5. TITLE	D
6. NAME	HOLLOWAY, JOHN
7. STREET ADDRESS	RT 2, BOX 12
8. CITY, ST., ZIP	SWAINBORO GA
9. TITLE	PD
10. NAME	BOYD, LARRY
11. STREET ADDRESS	2146 HENRY STREET
12. CITY, ST., ZIP	PALM BAY FL
13. TITLE	TD
14. NAME	DAVIS, JOHNNIE
15. STREET ADDRESS	3401 RANDOLPH ST.
16. CITY, ST., ZIP	MELBOURNE FL
17. TITLE	D
18. NAME	MCCRAY, MANNIE
19. STREET ADDRESS	2154 N.E. HENRY STREET
20. CITY, ST., ZIP	PALM BAY FL
21. TITLE	ASD
22. NAME	EDWARDS, MARGIE
23. STREET ADDRESS	2445 NW 179 TERR
24. CITY, ST., ZIP	OPA LOCKA FL 33055

13. APPLICANT'S CHANGES TO OFFICERS, DIRECTORS, OR REGISTERED AGENT	
1. TITLE	VD
2. NAME	LEE, GEORGE
3. STREET ADDRESS	607 GUBLOG ROAD
4. CITY, ST., ZIP	SWAINBORO, GA
5. TITLE	SD
6. NAME	THORPE, MILDRED
7. STREET ADDRESS	2940 LAWRENCE DR
8. CITY, ST., ZIP	MELBOURNE, FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST., ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY, ST., ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 139.07, 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 firm or partner or partner represented by me on this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 or Block 14 or on an attachment with no address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95 (407) 724-6364