

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **752246** (9)  
1. Corporation Name  
**ROCKLEDGE CHURCH OF CHRIST, INCORPORATED**

APPROVED  
AND  
FILED  
  
95 MAR 16 AM 10:54  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
2390 S. FISKE BLVD. 2390 S. FISKE BLVD.  
P.O. BOX 417 P.O. BOX 417  
ROCKLEDGE FL 32955-3404 ROCKLEDGE FL 32955-3404

2. Principal Place of Business 2a. Mailing Address  
21 **2390 S. FISKE BLVD** 26 **P.O. Box 660417**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **Rockledge, FL** 28 **Rockledge, FL**  
Zip Country Zip Country  
24 **32955-3404** 25 29 **32956-0417** 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/30/1980** 3a. Date of Last Report **01/24/1994**

4. FEI Number **59-2134420** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.  Yes  No

9. Name and Address of Current Registered Agent  
**BREAKFIELD, LOIS**  
**2390 S. FISKE BLVD.**  
**ROCKLEDGE FL 32955-3404**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code **FL 32956-0417**

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BREAKFIELD, P. THOMAS III
STREET ADDRESS	945 BLUEGRASS LANE
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	VD
NAME	BOGLE, JIM L.
STREET ADDRESS	5675 S TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	T
NAME	WYNDLE R. HAESE
STREET ADDRESS	1505 SUNRISE DRIVE
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	SD
NAME	GOMPF, RAYMOND H.
STREET ADDRESS	925 MEADOWLARK LANE
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	D
NAME	COX, MONTY P.
STREET ADDRESS	2402 FRIDAY CIR
CITY-ST-ZIP	COCOA FL
TITLE	D
NAME	HENDRICKS, VERNON
STREET ADDRESS	1718 PINEDA STREET
CITY-ST-ZIP	COCOA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>BREAKFIELD, PAUL T. JR</b>
3.3 STREET ADDRESS	<b>1860 HIDDEN LAKE DRIVE</b>
3.4 CITY-ST-ZIP	<b>ROCKLEDGE, FL 32955</b>
4.1 TITLE	<input 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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: **P. THOMAS BREAKFIELD III** *P. Thom Breakfield* **3.5.95 (407) 967-4010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #