FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

752246

(9)

ROCKLEDGE CHURCH OF CHRIST, INCORPORATED

Principal Place of Business Mailing Address									
2390 S. FISKE BLVD. ROCKLEDGE FL 32955-3404		P.O. BOX 560417 ROCKLEDGE FL 32956-0417							
US		US							
						3. Date Incorporated or Qualified 04/30/1980	3a. U	Date of Last R 05/01/19	leport 96
	lace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
21 Cuito Ani	0 -4-	26	·			59-2134420			ot Applicable
Suite, Apl. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
Zip Country		Zip Country			Trust Fund Contribution Added to Fees				
24 Zip	25 29		30			This corporation has liability for in Florida Statutes		e tax under s No	. 199.032,
[24]	9. Name and Address of Current	i Registered Agent	301			10. Name and Address of New Rec			
			81	IN	Vame		J	- Navice	
BREAKFIELD, LOIS				s	Proof Addro	ess (P.O. Box Number is Not Acceptable			
2390 S. FISKE BLVD.				l	ILEBI VOGIĐ	88 (P.O. DOX NUMBER IS NOT Acceptant	.ө)		
	DGE FL 32955		63						
			84	 c	City			85 Zip	Code
<u> </u>					•		FL	_ `	
11. Pursuant to office or re	to the provisions of Sections 617,0502 eaistered agent, or both, in the State (! and 617.1508, Florida Statu of Florida Such change was	ites, the above authorized b	e-na v thi	amed corpo	vation submits this statement for the puon's board of directors. I hereby accep	Jrpose o	of changing it	s registered
agent. I ai	m familiar with, and accept the obliga	tions of, Section 617.0503, F	lorida Statute	S.	0 00.p	are some of anothers, thousand another	(1110 mp-)	,00000000000000000000000000000000000000	rogistoroa
SIGNATURE _	Signature, typed or printed name of registered agen	-tt title il anciliaggia (AIC	OTE: Registered Age	·-! =l			- :		
12.	OFFICERS AND		13.	ėni si	ignature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS ANI	D DIRECTOR	DC INI 12
TITLE	PD	DELETE	1.1 TITLE			ADDITIONO/OFFICE TO CEEE	Eno run	Change	Addition
NAME	BREAKFIELD,P. THOMAS III		1.2 NAME						Last 1 (10 a.m.)
STREET ADDRESS	945 BLUEGRASS LANE		1.3 STREET	T ADC	DRESS				
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-S			•			
TITLE	VD	☐ DELETE	2.1 TITLE	<u></u>	" 			Change	Addition
NAME	BOGLE, JIM L.		2.2 NAME						
STREET ADDRESS	5875 S TROPICAL TRAIL		2.3 STREET	2.3 STREET ADDRESS					
CITY-ST-ZIP	MERRITT ISLAND FL			2. 4 CITY - ST - ZIP				4	
TITLE	T	DELETE	3.1 TITLE		T			Change	Addition
NAME	BREAKFIELD, PAUL T. JR.		3.2 NAME			LINDA BURKEY			
STREET ADDRESS	1860 HIDDEN LAKE DRIVE		3.3 STREET	r ado		I JAMESTOWN' DRIVE			
CITY-ST-ZIP	ROCKLEDGE FL		3.4. CITY-S	ST-Z	IP RO	ckloses, fl 32955			
TITLE	SD DAVAGOUS II	☐ DELETE	4.1 TITLE					Change	Addition
NAME	GOMPF, RAYMOND H.		4. 2 NAME						
STREET ADDRESS	925 MEADOWLARK LANE		4.3 STREET						
CHTY-ST-ZIP	MERRITT ISLAND FL	☐ DELETE	4.4 CiTY - S	3T - ZII	iP			Change	The section
TITLE	D COX, MONTY P.		5.1 TITLE					L Change	Addition
NAME STREET ADDRESS	2402 FRIDAY CIR		5.2 NAME	ממי -					
CITY-ST-ZIP	COCOA FL		5.3 STREET						
TITLE	OUDONIL	☐ DELETE	5.4 CITY - S 6.1 TITLE	31 - EII	P			Change	Addition
NAME			6.2 NAME					T1 Avende	L Noutron
STREET ADDRESS			6.3 STREET	ና ልበል ነ	narge				
CITY-S1-ZIP			6.4 CITY-S						
14 Ldo hereb	by certify that the information supplied	with this filing does not qual	lifu for the eve	m	tion stated is	in Section 119.07(3)(i), Florida Statutes	. I furthe	or certify that	the
Information Lam an of	n indicated on this annual report or su ficer or director of the corporation or t	upplemental annual report is t the receiver or trustee empoy	true and accu wered to exec	urate	ia and that m	ny sianatura shall hayo the some least	offert a	e if made und	dar aath: that l
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 extachment with an address.									

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-97

867-7890

FILED

Mar 04 1997 8:00am

Secretary of State

- 1 (1881) | 1881 | 2010 | 1884 | 1884 | 1894 | 1894 | 1894 | 1894 | 1894 | 1894 | 1894 | 1894 | 1894 | 1894 |

Daytime Phone # 0020313