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Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90039 001 *****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770787

1. Corporation Name
FIRST CHURCH OF THE BIBLE COVENANT OF COCOA, INC

Principal Place of Business
1855 N FRIDAY ROAD
COCOA FL 32926
US

Mailing Address
1855 N. FRIDAY ROAD
COCOA FL 32926
US



| | | | | | |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/17/1983 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-2874667 | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip Country | | 28 Zip Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 4 | | 25 | | 29 | |

9. Name and Address of Current Registered Agent

KOWALCZYK, WILLIAM K
1805 FRIDAY RD
COCOA FL 32926

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------|-----------------------|---|--|
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | PC | 1.1 TITLE | |
| NAME | PERKINS, DICK | 1.2 NAME | |
| STREET ADDRESS | 1855 FRIDAY RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCOA FL | 1.4 CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | T | 2.1 TITLE | |
| NAME | ROGGEN, KAMP LINDA | 2.2 NAME | |
| STREET ADDRESS | 2582 STRADFORD DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCOA FL | 2.4 CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | T | 3.1 TITLE | |
| NAME | NORTON, JUDY | 3.2 NAME | |
| STREET ADDRESS | 4689 S. FRIDAY CIR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCOA FL | 3.4 CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | ST | 4.1 TITLE | |
| NAME | KOWALCZYK, WILLIAM K. | 4.2 NAME | |
| STREET ADDRESS | 1805 FRIDAY RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCOA FL | 4.4 CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | T | 5.1 TITLE | |
| NAME | PERKINS, ANITA | 5.2 NAME | |
| STREET ADDRESS | 1855 FRIDAY RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCOA FL | 5.4 CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

SIGNATURE: WILLIAM KOWALCZYK Date: 1-6-99 Daytime Phone #: 407-631-0311

CR2E037 (1/98)