2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 11, 2000 8:00 am Secretary of State **DOCUMENT # 770787** 1. Entity Name FIRST CHURCH OF THE BIBLE COVENANT OF COCOA, INC 08-11-2000 90054 019 ****61 25 Principal Place of Business Mailing Address 1855 N FIRDAY ROAD 1855 N. FRIDAY ROAD COCOA FL 32926 COCOA FL 32926 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2874667 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROGGENKAMP LINDA Street Address (P.O. Box Number is Not Acceptable) KOWŁACZYK, WILLIAM K 1805 FRIDAY RD 2 STRADFORD **COCOA FL 32926** 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. CHURCH SECRETOR SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PC TITLE Change Addition ☐ Delete PERKINS, DICK NAME STREET ADDRESS STREET ADDRESS 1855 FRIDAY RD CITY-ST-ZIF CITY-ST-ZIP COCOA FL ☐ Change Addition TITLE ☐ Delete TITS F ROGGEN, KAMP LINDA NAME NAME STREET ADDRESS STREET ADDRESS 2582 STRADFORD DR. CITY-ST-ZIP CITY-ST-ZIP COCOA FL TITLE ☐ Delete TITLE ☐ Change ■ Addition NORTON, JUDY NAME NAME STREET ADDRESS STREET ADDRESS 4689 S. FRIDAY CIR CITY-ST-ZIP CITY-ST-ZIP COCOA FL TITLE ☐ Change Addition TITLE **Delete** KOWALCZYK, WILLIAM K. NAME NAME STREET ADDRESS STREET ADDRESS 1805 FRIDAY RD. CITY-ST-ZIP CITY-ST-ZIP COCOA FL ☐ Change Addition TITLE ☐ Delete TITLE NAME PERKINS, ANITA NAME STREET ADDRESS STREET ADDRESS 1855 FRIDAY RD CITY-ST-ZIP CITY-ST-ZIP COCOA FL ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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

SIGNATURE: REVEDICK PERKINS OLKER Dies Culin 7-17-2000 639 1421

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