

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N01174 (4)

1. Corporation Name  
~~BEACH CHRISTIAN FELLOWSHIP CHURCH, INC.~~  
BREVARD CHRISTIAN World OUTREACH Center



Principal Place of Business Mailing Address  
1801 S ORLANDO AVE 1801 S ORLANDO AVE  
COCOA BEACH FL 32931 COCOA BEACH FL 32931

2. Principal Place of Business 2a. Mailing Address  
21 1801 S. Orlando AVE 26 1801 S. Orlando AVE  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Cocoa Beach 27  
City & State City & State  
23 Florida 28 Cocoa Beach, FL  
Zip Country Zip Country  
24 32931 25 USA 29 32931 30 USA

3. Date Incorporated or Qualified 01/31/1984 3a. Date of Last Report 04/07/1995  
4. FEI Number 59-2409663 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
MAFFEO, FREDERICK  
486 WATTWAY  
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent  
81 Name John Kempf  
82 Street Address (P.O. Box Number is Not Acceptable) 2350 Honeybrook CK DR  
83  
84 City Melbourne FL 85 Zip Code 32935

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 John Kempf DATE  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                           |
|----------------------------|------------------------------|-------------------------------------------------------|---------------------------|
| TITLE                      | STD                          | 1.1 TITLE                                             | PD                        |
| NAME                       | GAROFALO, PETER              | 1.2 NAME                                              | John KEMPF                |
| STREET ADDRESS             | 8494 RIDGEWOOD AVENUE, #4303 | 1.3 STREET ADDRESS                                    | 2350 Honeybrook CK DR     |
| CITY-ST-ZIP                | CAPE CANAVERAL FL            | 1.4 CITY-ST-ZIP                                       | Melbourne, FL 32935       |
| TITLE                      | VD                           | 2.1 TITLE                                             | STD                       |
| NAME                       | TEED, CECILE G.              | 2.2 NAME                                              | HAMILTON Diggs            |
| STREET ADDRESS             | 290 N SECOND ST #4           | 2.3 STREET ADDRESS                                    | 2500 BENTPINE ST.         |
| CITY-ST-ZIP                | COCOA BEACH FL               | 2.4 CITY-ST-ZIP                                       | Melbourne, FL 32935       |
| TITLE                      | PD                           | 3.1 TITLE                                             | Evangelina B. Kempf       |
| NAME                       | MAFFEO, FREDERICK D.         | 3.2 NAME                                              | 2350 Honeybrook CK DR     |
| STREET ADDRESS             | 486 WATTWAY                  | 3.3 STREET ADDRESS                                    | 2350 Honeybrook CK DR     |
| CITY-ST-ZIP                | COCOA BEACH FL               | 3.4 CITY-ST-ZIP                                       | Melbourne, FL 32935       |
| TITLE                      |                              | 4.1 TITLE                                             | VD                        |
| NAME                       |                              | 4.2 NAME                                              | William Black             |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    | 420 NORWOOD AVE           |
| CITY-ST-ZIP                |                              | 4.4 CITY-ST-ZIP                                       | SATellite Beach, FL 32937 |
| TITLE                      |                              | 5.1 TITLE                                             |                           |
| NAME                       |                              | 5.2 NAME                                              |                           |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS                                    |                           |
| CITY-ST-ZIP                |                              | 5.4 CITY-ST-ZIP                                       |                           |
| TITLE                      |                              | 6.1 TITLE                                             |                           |
| NAME                       |                              | 6.2 NAME                                              |                           |
| STREET ADDRESS             |                              | 6.3 STREET ADDRESS                                    |                           |
| CITY-ST-ZIP                |                              | 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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 April 96 407 783 6610

CR2E037 (12/95)