

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90061 045 \*\*\*\*70.00

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|                                                 |                                                                                   |                                                                                                                 |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

**DOCUMENT # N01174**

1. Corporation Name

**BREVARD CHRISTIAN WORLD OUTREACH CENTER CHURCH, INC.**

Principal Place of Business

1801 S ORLANDO AVE  
COCOA BEACH FL 32931

Mailing Address

1801 S ORLANDO AVE  
COCOA BEACH FL 32931



|                                |  |                     |  |                                                                                                     |  |
|--------------------------------|--|---------------------|--|-----------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                                                                   |  |
| 21                             |  | 26                  |  | 01/31/1984                                                                                          |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number                                                                                       |  |
| 22                             |  | 27                  |  | 59-2409663                                                                                          |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |  |
| 23                             |  | 28                  |  | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees                 |  |
| Zip                            |  | Country             |  | Trust Fund Contribution                                                                             |  |
| 24                             |  | 25                  |  | 29                                                                                                  |  |
| 30                             |  | 31                  |  | 32                                                                                                  |  |

9. Name and Address of Current Registered Agent

**HAMILTON DIGGS**  
**2500 BENTPINE ST.**  
**MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

|    |                                                    |                  |                   |
|----|----------------------------------------------------|------------------|-------------------|
| 81 | Name                                               | TEED, CECILE     |                   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 290 N 2ND ST. #4 |                   |
| 83 |                                                    |                  |                   |
| 84 | City                                               | COCOA BEACH, FL  | 85 Zip Code 32931 |

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 CECILE TEED (STD) Cecile Teed JANUARY 4, 1999  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                           |
|----------------------------|---------------------------|-------------------------------------------------------|---------------------------|
| TITLE                      | PD                        | 1.1 TITLE                                             | PD                        |
| NAME                       | KEMPF, JOHN               | 1.2 NAME                                              | DIGGS, HAMILTON           |
| STREET ADDRESS             | 2350 HONEYBROOK CREEK DR. | 1.3 STREET ADDRESS                                    | 2500 BENTPINE ST.         |
| CITY-ST-ZIP                | MELBOURNE FL 32935        | 1.4 CITY-ST-ZIP                                       | MELBOURNE FL 32935        |
| TITLE                      | VD                        | 2.1 TITLE                                             | VD                        |
| NAME                       | DIGGS, HAMILTON           | 2.2 NAME                                              | KEMPF, JOHN               |
| STREET ADDRESS             | 2500 BENT PINE ST.        | 2.3 STREET ADDRESS                                    | 2350 HONEYBROOK CREEK DR. |
| CITY-ST-ZIP                | MELBOURNE FL 32935        | 2.4 CITY-ST-ZIP                                       | MELBOURNE, FL 32935       |
| TITLE                      | STD                       | 3.1 TITLE                                             |                           |
| NAME                       | TEED, CECILE              | 3.2 NAME                                              |                           |
| STREET ADDRESS             | 290 N 2ND ST. #4          | 3.3 STREET ADDRESS                                    |                           |
| CITY-ST-ZIP                | COCOA BCH. FL 32931       | 3.4 CITY-ST-ZIP                                       |                           |
| TITLE                      |                           | 4.1 TITLE                                             |                           |
| NAME                       |                           | 4.2 NAME                                              |                           |
| STREET ADDRESS             |                           | 4.3 STREET ADDRESS                                    |                           |
| CITY-ST-ZIP                |                           | 4.4 CITY-ST-ZIP                                       |                           |
| 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 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: HAMILTON DIGGS HAMILTON DIGGS 1-6-99 407-783-6610  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)