

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra H. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N25942 (6)**  
1. Corporation Name  
**CHRISTIAN DEVELOPMENT CENTER A CHURCH OF THE NAZ ARENE, INC.**

APPROVED AND FILED  
95 MAY -1 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

C/O MARTY FILLINGI  
343 NAIL ST NE  
PALM BAY FL 32907-8554  
US

C/O MARTY FILLINGI  
343 NAIL ST NE  
PALM BAY FL 32907-8554  
US

2. Principal Place of Business 2a. Mailing Address

21 26

22 27

23 28

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/18/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2824359** Applied For Not Applicable

5. Certificate of Status Desired  \$68.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**FILLINGIM, MARTIN**  
**343 NAIL STREET NE**  
**PALM BAY FL 32907**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Martin L. Fillingim, Sr.* Secretary **4/26/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if 12)	
TITLE	C	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWAN, STUART E.	12 NAME	
STREET ADDRESS	854 ROGER AVENUE NW	13 STREET ADDRESS	
CITY, ST, ZIP	PALM BAY FL	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCAS, LEXIE	22 NAME	Lutz, Linda
STREET ADDRESS	1897 HAZELTON ST., NW	23 STREET ADDRESS	425 Commodore Ave. W W
CITY, ST, ZIP	PALM BAY FL	24 CITY, ST, ZIP	Palm Bay, FL 32907
TITLE	T	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWTHORNE, WOODY	32 NAME	Baird, Mike
STREET ADDRESS	559 DIAMOND AVENUE NE	33 STREET ADDRESS	799 Glenview Ave. W W
CITY, ST, ZIP	PALM BAY FL	34 CITY, ST, ZIP	Palm Bay, FL 32907
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMMONS, JOAN	42 NAME	Cockriel, Russ
STREET ADDRESS	709 HERNANDEZ AVENUE SE	43 STREET ADDRESS	335 Ontario St. W.W
CITY, ST, ZIP	PALM BAY FL	44 CITY, ST, ZIP	Palm Bay, FL 32907
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OWENS, SARAH	52 NAME	Todd, Sid
STREET ADDRESS	210 NAYLOR ST. NE	53 STREET ADDRESS	2405 S. Stetson St.
CITY, ST, ZIP	PALM BAY FL	54 CITY, ST, ZIP	Melbourne, FL 32901
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNS, CHARLES	62 NAME	Ferry, Sylvester
STREET ADDRESS	4814 SWEET GUM PLACE	63 STREET ADDRESS	2000 Kent St. W.W.
CITY, ST, ZIP	MELBOURNE FL	64 CITY, ST, ZIP	Palm Bay, FL 32907

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)(b), 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: *Martin L. Fillingim, Sr.* **4/26/95** **407-384-0406**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR