

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:12

DOCUMENT # N29749 (1)

1. Corporation Name

COASTAL PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

% STEPHEN C. L. CHONG
605 E ROBINSON ST. STE 510
ORLANDO FL 32801

% STEPHEN C. L. CHONG
605 E ROBINSON ST. STE 510
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/15/1988

3a. Date of Last Report
02/02/1994

4. FEI Number
23-7001990

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1653 Guava Ave

25 1921 Tall Pine Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Melbourne FL

27 City & State
28 Melbourne FL

24 Zip
29 32935

25 Country
30 U.S.A.

29 Zip
30 32935

30 Country
31 U.S.A.

5. Certificate of Status Desired ☐ \$8.75 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

10. Name and Address of New Registered Agent

STEPHEN, C L CHONG
605 E ROBINSON ST, STE 510
ORLANDO FL 32801

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV
NAME	DANSBY, MICKEY
STREET ADDRESS	240 KINGSTON RD
CITY - ST - ZIP	SATELLITE BCH FL
TITLE	DT
NAME	BUZZELLI, DONALD
STREET ADDRESS	1045 DALLAM AVE NW
CITY - ST - ZIP	PALM BAY FL
TITLE	DP
NAME	MADSEN, CRAIG
STREET ADDRESS	512 INWOOD LANE
CITY - ST - ZIP	INDIAN HARBOUR BCH., F
TITLE	DS
NAME	STEVENSON, WAYNE
STREET ADDRESS	1303 S. LAKEMONT DR.
CITY - ST - ZIP	COCOA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	TRAWICK, JAMES	
1.3 STREET ADDRESS	2323 S. COLONIAL DR.	
1.4 CITY - ST - ZIP	MELBOURNE, FL 32901	
2.1 TITLE	DV	☒ Change ☐ Addition
2.2 NAME	JONES, HOWARD	
2.3 STREET ADDRESS	736 W. LUND CIRCLE	
2.4 CITY - ST - ZIP	MELBOURNE, FL 32901	
3.1 TITLE	DS	☒ Change ☐ Addition
3.2 NAME	DANSBY, MICKEY	
3.3 STREET ADDRESS	240 KINGSTON RD	
3.4 CITY - ST - ZIP	SATELLITE BEACH, FL 32937	
4.1 TITLE	DT	☒ Change ☐ Addition
4.2 NAME	BUZZELLI, DONALD	
4.3 STREET ADDRESS	1855 FOX BAY DR.	
4.4 CITY - ST - ZIP	MELBOURNE, FL 32934	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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:

James Trawick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/95

(407) 727-4151

Date

Telephone Number