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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002819 (0)

1. Corporation Name
CHURCH OF CHRIST, BCC INC.

Principal Place of Business	Mailing Address
250 GRASSLAND ROAD ROOM 151 PALM BAY FL 32902	1019 COLONNADE AVE. S.E. PALM BAY FL 32909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1994
3a. Date of Last Report:
4. FEI Number: 59-3236133 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business: 0 Bldg. Room 105	26 2a. Mailing Address: P.O Box 100445
22 Suite, Apt. #, etc.: 3865 N. Wickham Rd	27 Suite, Apt. #, etc.
23 City & State: Melbourne Florida	28 City & State: Palm Bay Florida
24 Zip: 32935 25 Country: Brevard	29 Zip: 32910-0445 30 Country: Brevard

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 $ 100,000, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CUMMINGS, ROBERT P
1019 COLONNADE AVE. S.E.
PALM BAY FL 32909

10. Name and Address of New Registered Agent

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: Robert P. Cummings 4-6-95
Signature of person named as registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLEMONS, JOHNNY S 3401 SAXON ST. MELBOURNE FL 32901	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P Cummings Robert P. 1019 Colonnade Ave S.E. Palm Bay Fl. 32909	T ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CLEMONS, ROSIE ASST. 3401 SAXON ST. MELBOURNE FL 32901	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	T Miller, Rosa Asst. 435 Monroe Rd. Rockledge Fl. 32955	T ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT CUMMINGS, ROBERT P 1019 COLONNADE AVE. S.E. PALM BAY FL 32909	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VT Wells Michael L. 435 Monroe Rd Rockledge Fl. 32955	T ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CUMMINGS, MERCEDES 1019 COLONNADE AVE. S.E. PALM BAY FL 32909	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	T	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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.

SIGNATURE: Robert P. Cummings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone) #

0035817