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Mar 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000002819 (0)

1. Corporation Name

CHURCH OF CHRIST, BCC INC.



Principal Place of Business

Mailing Address

3865 N WICKHAM RD
BLDG O. ROOM 106
MELBOURNE FL 32935
US

CHURCH OF CHRIST BCC
P.O. BOX 10045
PALM BAY FL 32910
US

3. Date Incorporated or Qualified
06/01/1994

3a. Date of Last Report
03/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22 BLDG. MM 100

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

32910-0445

30

4. FEI Number
59-3236133

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

10. Name and Address of New Registered Agent

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

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 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

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 P
NAME CUMMINGS, ROBERT P
STREET ADDRESS 1019 COLONNADE AVE S E
CITY- ST- ZIP PALM BAY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE T
NAME MILLER, ROSA
STREET ADDRESS 435 MONROE RD
CITY- ST- ZIP ROCKLEDGE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE VTT
NAME WELLS, MICHAEL L
STREET ADDRESS 435 MONROE RD
CITY- ST- ZIP ROCKLEDGE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE T
NAME CUMMINGS, MERCEDES
STREET ADDRESS 1019 COLONNADE AVE. S.E.
CITY- ST- ZIP PALM BAY FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE: Mercedes Cummings

3/19/97 728-4439

CR2E037 (9/96)