

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Jul 15 1998 8:00am  
Secretary of State

DOCUMENT # **N94000002819 (0)**

1. Corporation Name

**CHURCH OF CHRIST, BCC INC.**



Principal Place of Business

Mailing Address

3865 N WICKHAM RD  
BLDG MM. 100  
MELBOURNE FL 32935  
US

CHURCH OF CHRIST BCC  
P.O. BOX 10045  
PALM BAY FL 32910-0445  
US

3. Date Incorporated or Qualified

**06/01/1994**

4. FEI Number

**59-3236133**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 **Church of Christ, BCC**

Suite, Apt. #, etc.

27 **P.O. Box 100445**

City & State

28 **Palm Bay FL**

Zip

Country

29 **32910-0445**

30 **U.S.**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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 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

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

TITLE ☐ DELETE  
NAME **T MILLER, ROSA**  
STREET ADDRESS **436 MONROE RD**  
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE ☐ DELETE  
NAME **VTT WELLS, MICHAEL L**  
STREET ADDRESS **436 MONROE RD**  
CITY-ST-ZIP **ROCKLEDGE FL**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/9/98**  
Date

**728-4439**  
Daytime Phone #

CR2E037 (5/98)