

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 APR 28 PM 2:56

DOCUMENT # **N94000003577 (3)**

1. Corporation Name

**THE EVANGELICAL FREE CHURCH OF SATELLITE BEACH,
FLORIDA, INCORPORATED**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
305 CASSIA BLVD. SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/20/1994	3a. Date of Last Report
4. FBI Number 59-1876276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAAS, REV. JOHN
305 CASSIA BLVD.
SATELLITE BEACH FL 32937**

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAAS, REV. JOHN	1 2 NAME	Pedersen, Paul
STREET ADDRESS	260 OCEAN SPRAY AVE.	1 3 STREET ADDRESS	1677 Cadillac Cir. N
CITY - ST - ZIP	SATELLITE BEACH FL 32937	1 4 CITY - ST - ZIP	Melbourne, FL 32935
TITLE	V	2 1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, REV. DELBERT	2 2 NAME	Pedersen, Denise
STREET ADDRESS	300 3RD AVE.	2 3 STREET ADDRESS	1677 Cadillac Cir. N
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	2 4 CITY - ST - ZIP	Melbourne, FL 32935
TITLE	S	3 1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDERSEN, DENIS	3 2 NAME	Larsen, Wesley
STREET ADDRESS	1677 CADILLAC CIR LCE NORTH	3 3 STREET ADDRESS	311 Third Ave
CITY - ST - ZIP	MELBOURNE BEACH FL 32935	3 4 CITY - ST - ZIP	Melbourne Beach, FL 32951
TITLE	TD	4 1 TITLE	W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, WESLEY	4 2 NAME	Arjemi, William
STREET ADDRESS	311 3RD AVE.	4 3 STREET ADDRESS	2017 Adirondack Cir
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	4 4 CITY - ST - ZIP	Melbourne, FL 32935
TITLE	D	5 1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARJEMI, WILLIAM	5 2 NAME	Westby, Clair
STREET ADDRESS	2017 ADIRONDACK CIRCLE	5 3 STREET ADDRESS	675 Rosewood Ct, Apt 3A
CITY - ST - ZIP	MELBOURNE FL 32935	5 4 CITY - ST - ZIP	Satellite Beach, FL 32937
TITLE	D	6 1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ERNEST	6 2 NAME	Frazier, Jesse
STREET ADDRESS	640 CAIMAN ST.	6 3 STREET ADDRESS	320 Glenwood Ave
CITY - ST - ZIP	SATELLITE BEACH FL 32937	6 4 CITY - ST - ZIP	Satellite Beach, FL 32937

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the simplified filing procedure under Section 110.07(5)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jesse Frazier

Apr 24, 1995

(407) 773-8463