

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000003577 (3)**
1. Corporation Name

THE EVANGELICAL FREE CHURCH OF SATELLITE BEACH, FLORIDA, INCORPORATED



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

3. Date Incorporated or Qualified 07/20/1994	3a. Date of Last Report 04/28/1995
4. FEI 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
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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name ALLAN RATHBUN
82 Street Address (If a Box Number is Not Applicable) 140 AQUARIUS AVENUE SE
83 PALM BAY, FL 32909
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]* DATE **31 MAR 1996**

12. OFFICERS AND DIRECTORS

TITLE	C <input checked="" type="checkbox"/> DELETE
NAME	PEDERSEN, PAUL
STREET ADDRESS	1677 CADILLAC CIRCLE NORTH
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	T <input type="checkbox"/> DELETE
NAME	WESTLY, CLAIR
STREET ADDRESS	675 ROSEWOOD CT. APT. 3A
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	PEDERSEN, DENISE
STREET ADDRESS	1677 CADILLAC CIRCLE NORTH
CITY-ST-ZIP	MELBOURNE BEACH FL 32935
TITLE	TD <input type="checkbox"/> DELETE
NAME	LARSEN, WESLEY
STREET ADDRESS	311 3RD AVE.
CITY-ST-ZIP	MELBOURNE BEACH FL 32951
TITLE	D <input type="checkbox"/> DELETE
NAME	ARJEMI, WILLIAM
STREET ADDRESS	2017 ADIRONDACK CIRCLE
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	T <input type="checkbox"/> DELETE
NAME	FRAZIER, JESSE
STREET ADDRESS	320 GLENWOOD AVE.
CITY-ST-ZIP	SATELLITE BEACH FL 32937

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ALLAN RATHBUN
13 STREET ADDRESS	140 AQUARIUS AVENUE SE
14 CITY-ST-ZIP	PALM BAY, FL 32909 <input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HELEN JEWELL
23 STREET ADDRESS	130 HARRIS BLVD
24 CITY-ST-ZIP	INDIALANTIC, FL 32903 <input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	HELEN JEWELL
33 STREET ADDRESS	130 HARRIS BLVD
34 CITY-ST-ZIP	INDIALANTIC, FL 32903 <input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: *[Signature]* DATE: **3-25-96** DAYTIME PHONE: **(407) 773-8463**

CR2E037 (12/95)