## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

N96000006267 (6) DOCUMENT #
1. Corporation Name

FAITH FELLOWSHIP OF COCOA, INC.

Principal Place of Business Mailing Address

## **FILED** Mar 26 1997 8:00am Secretary of State



938 PINEBAUGH STREET ROCKLEDGE FL 32955	838 PINEBAUGH STREET ROCKLEDGE FL 32955-8152			
			3. Date Incorporated or Qualified 12/06/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address	- 01	4. FEI Number	Applied For
21 938 Pinetaugh ST	26 938 Vinebaug	h St.		✓ Not Applicable
Suite, Apt. #, etc. U	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  23 Rockledge, Il.	City & State  28 Rocklidge,	<i>ڪا</i> .	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 32955 26 Sheward	29 32955 30	Country Exercised		Yes No
9. Name and Address of Current I	Registered Agent		10. Name and Address of New Reg	sistered Agent
		81 Name		
MOSS, JOSEPH R 1530 SOUTH FEDERAL HIGHWAY		82 Street Address (P.O. Box Number is Not Acceptable)		
ROCKLEDGE FL 32955		83		1
		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		stered Agent a gnature require		DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE D		1.1 TITLE		Ci charge Ci vogition 6
NAME CROSS, JAMES E		1.2 NAME		[8]
STREET ADDRESS 938 PINEBAUGH STREET		1.3 STREET ADDRESS		Į
CITY-ST-ZIP ROCKLEDGE FL 32955	······	1.4 CITY-ST-ZIP		Change Addition C
TOTLE TO	<del></del>	2.1 TITLE		Li ciange Li Xoudon
NAME LUTTRELL, LAURA J		2.2 NAME		
STREET ADDRESS 1262 ROYAL BIRKDALE CIRCLE CITY-SI-ZIP ROCKLEDGE FL 32955		2.3 STREET ADDRESS		
		2. 4 CITY - ST - ZIP		Change Addition
TITLE SD		3.1 TITLE		C priorita C voncion
NAME SCHUMACHER, RUTH STREET ADDRESS 2209 CATAWABA DRIVE		3.2 NAME		1
00001 51 00000		3.3 STREET ADDRESS		1
CITY-ST-ZIP COCOA FL 32928		3.4. CITY-ST-ZIP		Change Addition
NAME	_	4. 2 NAME		Second or converged based or convertible
STREET ADDRESS		4.3 STREET ADDRESS		
		4.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		5.1 TiTLE		Change Addition
NAME	<del></del>	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		1
		· · · · · · .		
C(1)Y-ST-20P		5.4 CiTY-ST-ZIP 6.1 TITLE		Change Addition
NAME	_	6.2 NAME		
STREET ADORESS		5.3 STREET ADDRESS		
CITY-SI-ZIP		6 4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied information indicated on this annual report or su	with this filing does not qualify for	the exemption stated	in Section 119.07(3)(i), Florida Statutes	s. I further certify that the

mioritation included on this armula report or supplemental armula report is true and accurate and that my signature shall have the same legal effect as it made under 0.1 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.