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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northon Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006267 (6)**

1. Corporation Name

FAITH FELLOWSHIP OF COCOA, INC.



Principal Place of Business

Mailing Address

**938 PINEBAUGH STREET
ROCKLEDGE FL 32955
US**

**938 PINEBAUGH STREET
ROCKLEDGE FL 32955
US**

3. Date Incorporated or Qualified

12/06/1996

4. FEI Number

N 59-34-44403

Applied For

Not Applicable

2. Principal Place of Business

21 1535 N. COGSWELL

Suite, Apt. #, etc.

22 A-4

City & State

23 ROCKLEDGE, FL

Zip

24 32965

Country

25 USA

2a. Mailing Address

26 1535 N. COGSWELL

Suite, Apt. #, etc.

27 A-4

City & State

28 ROCKLEDGE, FL

Zip

29 32955

Country

30 USA

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

**MOSS, JOSEPH R
1530 SOUTH FEDERAL HIGHWAY
ROCKLEDGE FL 32955**

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

**D
NAME CROSS, JAMES E
STREET ADDRESS 938 PINEBAUGH STREET
CITY-ST-ZIP ROCKLEDGE FL 32955**

TITLE ☒ DELETE

**TD
NAME LUTTRELL, LAURA J
STREET ADDRESS 1262 ROYAL BIRKDALE CIRCLE
CITY-ST-ZIP ROCKLEDGE FL 32955**

TITLE ☐ DELETE

**SD
NAME SCHUMACHER, RUTH
STREET ADDRESS 2209 CATAWABA DRIVE
CITY-ST-ZIP COCOA FL 32926**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

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:

James E. Cross

24 MAY 1998

CR2E037 (10/97)