

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JUL 13 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006718

1. Corporation Name

PARADISE CHURCH OF OUR LORD, INC.

Principal Place of Business

1241 JACKSON ST  
COCOA FL 32922

Mailing Address

P O BOX 1192  
COCOA FL 32923



06/01/99 90048 042 70.00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/25/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3540178	
24 Country		29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, HOMER R  
1062 REVILLA LANE  
ROCKLEDGE FL 32955

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	1.1 TITLE	President / Director P/D
NAME	HOMER R. BROWN	1.2 NAME	HOMER R. BROWN
STREET ADDRESS	614 PAW PAW ST	1.3 STREET ADDRESS	614 PAW PAW ST
CITY-ST-ZIP	COCOA, FLORIDA 32922	1.4 CITY-ST-ZIP	COCOA, FLORIDA 32922
TITLE	Trustee	2.1 TITLE	Treasurer / Trustee T/TR
NAME		2.2 NAME	ROBIN BROWN
STREET ADDRESS		2.3 STREET ADDRESS	614 PAW PAW ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	COCOA, FLORIDA 32922
TITLE		3.1 TITLE	Secretary / Trustee S/TR
NAME		3.2 NAME	Ethelyn Roster
STREET ADDRESS		3.3 STREET ADDRESS	1062 Revilla Ln
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ROCKLEDGE, FLORIDA 32955
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

HOMER R. BROWN

6/30/99

407 632-3421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (5/99)


**Paradise Church Of Our Lord Inc.**  
1241 Jackson Street  
Cocoa, Florida 32922

July 1, 1999

To Whom It May Concern:

I Homer R. Brown Pastor and Director of the Paradise Church of Our Lord Inc. filed my annual report for Non Profit Origination recently. I just received a second notice form. Upon calling your office I discovered that there was something that I missed. I was informed that I was sent a informational sheet to correct. My records indicate that I sent the sheet back. Your office informed me over the phone that they had not received them. Attached is another report form with requested information. I was informed that my payment is there. Please forgive my neglect to correctly complete the annual report the first time. If there are anymore problems that arise please call me at home (407) 632-3427.

Sincerely,



Elder Homer R. Brown  
Paradise Church Of Our Lord Inc.  
Pastor and Director