

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90226 006 ****70.00

DOCUMENT # 703594

1. Entity Name

UNITARIAN UNIVERSALIST CONGREGATION OF COCOA, IN C.



Principal Place of Business

**1261 RANGE RD
PO BOX 669
COCOA FL 32923-7669**

Mailing Address

**P.O. BOX 669
COCOA FL 32923-0669
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6591800**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**STEWART, DAVID W
4525 ABBOTT AVENUE
TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	☐ Delete
NAME	BISHOP, DIANE	
STREET ADDRESS	1085 PINE ISLAND ROAD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953-6602	
TITLE	PD	☐ Delete
NAME	JOHNSON, MICHAEL	
STREET ADDRESS	384 NORWOOD AVENUE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VPD	☐ Delete
NAME	BRADY, LEE	
STREET ADDRESS	6630 AREQUIPPA ROAD	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	SD	☐ Delete
NAME	DOUGLAS, ROBYN L	
STREET ADDRESS	6290 JANINA ROAD	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	TD	☐ Delete
NAME	STEWART, DAVID W	
STREET ADDRESS	4525 ABBOTT AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	TRD	☐ Delete
NAME	BRADY, MICHAEL J	
STREET ADDRESS	663 AREQUIPPA ROAD	
CITY-ST-ZIP	COCOA FL 32927	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-5-2003 321-264-0120

CR2E037 (10/02)