

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90037 031 ****61.25

DOCUMENT # 734041

1. Entity Name

TRUSTEE CORPORATION OF GREATER ST. PAUL BAPTIST CHURCH OF COCOA, FLORIDA, INC.

Principal Place of Business L BAPTIST CHURCH OF COCOA, FLA., INC. C/O W. O. WELLS, 246 ORANGE STREET COCOA FL	Mailing Address L BAPTIST CHURCH OF COCOA, FLA., INC. C/O W. O. WELLS, 246 ORANGE STREET COCOA FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
213 Stone Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Cocoa, Fl

4. FEI Number

59-3493508

Applied For

Not Applicable

Zip

Country

Zip

32922

Country

Brevard

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, W O
213 MAGNOLIA STREET
COCOA FL 32922

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLS, W O 213 MAGNOLIA STREET COCOA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Matthew Ford <input type="checkbox"/> Change <input type="checkbox"/> Addition 709 Hughlett Avenue Cocoa, Fl 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, JAMES 213 MAGNOLIA STREET COCOA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carl White <input type="checkbox"/> Change <input type="checkbox"/> Addition 1227 Winding Meadowa Rockledge, Fl 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, NED 213 MAGNOLIA STREET COCOA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kendrith Williams <input type="checkbox"/> Change <input type="checkbox"/> Addition Brockington Circle Cocoa, Fl 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Flora Jackson <input type="checkbox"/> Delete 5110 Dalehurse Drive Cocoa, Fl 32926	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Fain <input type="checkbox"/> Change <input type="checkbox"/> Addition 6422 Harold Avenue Cocoa, Fl 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Nathaniel Hooks <input type="checkbox"/> Delete 723 Carrissa Drive Cocoa, Fl 32922	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: W. O. Wells **WELLS**

4-16-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)