

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# 734041

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

Current Principal Place of Business:

213 STONE ST.
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

213 STONE ST.
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-3493508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, W O SR.
213 MAGNOLIA STREET
COCOA, FL 32922 US

Name and Address of New Registered Agent:

WELLS, W O SR.
213 STONE STREET
COCOA, FL 32922 US

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:

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WELLS, W. O
Address: 213 STONE ST.
City-St-Zip: COCOA, FL 32922

Title: CT () Delete
Name: WHITE, KARL
Address: 1227 WINDING MEADOWS RD.
City-St-Zip: ROCKLEDGE, FL 32955

Title: VT () Delete
Name: RACKSTON, BETTYE
Address: 717 AURORA ST.
City-St-Zip: COCOA, FL 32922

Title: ST () Delete
Name: FAIN, MARY
Address: 1938 OTTERBEIN AVE., #401
City-St-Zip: COCOA, FL 32926

Title: T () Delete
Name: GRAY, JAMES
Address: 710 STONE ST.
City-St-Zip: COCOA, FL 32926

Title: T () Delete
Name: BLACKMAN, ALVIN
Address: 2583 MEADOW LANE
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: WELLS, W. O SR
Address: 213 STONE ST.
City-St-Zip: COCOA, FL 32922

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W.O. WELLS, SR

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date