

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90142 044 ****61.25

DOCUMENT # 739706

1. Entity Name

METROPOLITAN BAPTIST CHURCH OF COCOA, INC.

Principal Place of Business

Mailing Address

474 W KING ST
 PO BOX 1449
 COCOA FL 32922

474 W KING ST
 PO BOX 1449
 COCOA FL 32923-1449

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2622129

Applied For
 Not Applicable

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

BUCKNER, EUGENE
3788 BROOKINGTON CIR.
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

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
PD	BUCKNER, EUGENE	3788 BROOKINGTON CIR.	COCOA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	THOMAS, LOUIS	1119 BRISTOL DR	COCOA, FL 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	HOUSTON, ISAAC	PO BOX 540104 NA	MERRITT ISLAND FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	BLOCKER, LONNIE	1823 OAK DR S.	ROCKLEDGE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Eugene Buckner* **Eugene Buckner** 3/15/00 407-636-2971
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)