

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90012 040 \*\*\*\*70.00

**DOCUMENT # N92000000822**

1. Entity Name

COCOA PRESBYTERIAN CHURCH, INC.



Principal Place of Business

1404 DIXON BLVD  
COCOA FL 32922-6412

Mailing Address

1404 DIXON BLVD  
COCOA FL 32922-6412

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1009918

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

NEEL, BILL  
893 PENNSYLVANIA AVE  
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name R. B. WEST c/o COCOA PRESBYTERIAN CHURCH  
Street Address (P.O. Box Number is Not Acceptable)  
1404 DIXON BLVD.  
City COCOA FL Zip Code 32922

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 R. B. WEST R. B. West

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-11-04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 ST ☐ Delete  
NAME WEST, BOB SR  
STREET ADDRESS 2475 COX RD  
CITY-ST-ZIP COCOA FL 32926

TITLE VPT ☐ Delete  
NAME WARD, HELEN  
STREET ADDRESS 124 BRIARWOOD LN  
CITY-ST-ZIP COCOA FL 32926

TITLE T ☐ Delete  
NAME GREENE, PAUL  
STREET ADDRESS 3843 N INDIAN RIVER DR  
CITY-ST-ZIP COCOA FL 32926

TITLE T ☐ Delete  
NAME NEEL, BILL  
STREET ADDRESS 893 PENNSYLVANIA AVE  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE T ☐ Delete  
NAME DENKHAUS, VERN  
STREET ADDRESS 1104 ABINGTON ST  
CITY-ST-ZIP COCOA FL 32922

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ST ☒ Change ☐ Addition  
NAME WEST, R. B.  
STREET ADDRESS 2475 COX RD.  
CITY-ST-ZIP COCOA FL 32926

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME WARD, HELEN  
STREET ADDRESS 124 BRIARWOOD LANE  
CITY-ST-ZIP COCOA, FL 32926

TITLE T ☐ Change ☒ Addition  
NAME SCOVES, TINA  
STREET ADDRESS 1210 WESTVIEW DR.  
CITY-ST-ZIP COCOA FL 32922

TITLE T ☐ Change ☒ Addition  
NAME KIMMEL, RALPH  
STREET ADDRESS 101 COVE LOOP DRIVE  
CITY-ST-ZIP MERRITT ISLAND FL 32953

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: R. B. West R. B. WEST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-04

Date

321-634-9602

Daytime Phone #