2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2008 8:00 am Secretary of State

DOCUMENT # N9200000822 1. Entity Name COCOA PRESBYTERIAN CHURCH, INC.				\$\frac{1}{2}	o3-05-200	ary 0 8 90031 00					
Principal Place 1404 DIXON B COCOA, FL 32	BLVD	Mailing Address 1404 DIXON BLVD COCOA, FL 32922-6412		a resimin era	nin litin gain gain	evin esin ssin esis	11 JULIUR 1800 MIT ALT	(MT) 81 (ST)			
2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152008	Chg-NP	CR2E037	7 (12/06)				
City & State		City & State		4. FEI Number 59-1009			-	pplied For at Applicable			
Zip	Country	Zip	Country	5. Certificate of	f Status Desired		8.75 Add ee Required				
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent							
IMOTED MA	ADTIN		Name (noore, Bin							
IMSTER, MARTIN C/O COCOA PRESBYTERIAN CHURCH 1404 DIXON BLVD.				Street Address (P.O. Box Number is Not Acceptable) Clo Coco Presouverian Church							
COCOA, FL	. 32922		1406	1 Dixon	Blud.						
				Cocoa FL Zip Code 3222							
8. The above n the obligation	named entity submits this statement for one of registered agent.	r the purpose of changing its re	gistered office or re	gistered agent, or both	, in the State of	Horida, I am fa	miliar with,	and accept			
SIGNATURE But was Bin wood 1/22/2008 1/22/2008 Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
		and title if applicable. (NOTE; R	legistered Agent signature r	equired when reinstitting)		DATE					
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be		Make check lorida Departr					
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14. I hereby certify that the information supplied with his filing does not qualify for the exemptions contained in Chapter 119, Horida Statutes. I further certify that the information indicated on this report is supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:		Mu	Bill	moore	4005/22/1	1321 633 3086
SIGNATURE AND TYPED OR PRINTED MAIRE OF SIGNING OFFICER OR DIRECTOR				Detre	Daytime Phone #	