

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

02-21-2003 90219 043 ***61.25

DOCUMENT # N92000000822

1. Entity Name
COCOA PRESBYTERIAN CHURCH, INC.



Principal Place of Business
**1404 DIXON BLVD
COCOA FL 32922-8412**

Mailing Address
**1404 DIXON BLVD
COCOA FL 32922-8412**

55043612



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1009918**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**EVERETT, WILLIAM J
213 VIA DE LA REINA
MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

Name **BILL NEEL**
Street Address (P.O. Box Number Is Not Acceptable)
893 PENNSYLVANIA AVE
City **ROCKLEDGE** FL Zip Code **32955**

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

William (Bill) Neel **PRESIDENT OF TRUSTEES**

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME **EVERETT, BILL** ☒ Delete
STREET ADDRESS **213 VIA DE LA REINA**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE NAME **SMITH, JOANNE** ☒ Delete
STREET ADDRESS **1049 OLIVE ST.**
CITY-ST-ZIP **COCOA FL 32922**

TITLE NAME **GREENE, PAUL** ☐ Delete
STREET ADDRESS **3843 N INDIAN RIVER DR**
CITY-ST-ZIP **COCOA FL 32928**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME **WEST, BOB SR. "SEC."** ☐ Change ☒ Addition
STREET ADDRESS **2475 COX RD**
CITY-ST-ZIP **COCOA, FL 32926**

TITLE NAME **WARD, HELEN "V. PRES"** ☐ Change ☒ Addition
STREET ADDRESS **124 BRIARWOOD LN. "T"**
CITY-ST-ZIP **COCOA, FL 32926**

TITLE NAME **DENKHAUS, VERN "T"** ☐ Change ☒ Addition
STREET ADDRESS **1104 ABINGTON ST.**
CITY-ST-ZIP **COCOA, FL 32922**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(f), 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 517, 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:

William Neel **REQUIRED** *William Neel* **4/24/03** **(321)636-7219**

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

Date

Daytime Phone

CR20037 (10/02)