## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 703594** 

FILED Jul 18, 2006 Secretary of State

Entity Name: UNITARIAN UNIVERSALIST CONGREGATION OF COCOA INC

urrent P	Principal Place of Business:	New Principal Place of Business	:
261 RAN O BOX 6 OCOA, F			
urrent M	failing Address:	New Mailing Address:	
P.O. BOX COCOA, F	669 FL 329230669 US		
	r: 59-6591800 FEI Number Applied For ( ) nce with s. 607.193(2)(b), F.S., the corporation did		of Status Desired ( )
lame and	d Address of Current Registered Agent:	Name and Address of New Regis	tered Agent:
CUMMINS	S PALIL I		
	ISLAND, FL 32952 US		
The above	ÉS DRIVE ISLAND, FL 32952 US e named entity submits this statement for the e of Florida.	purpose of changing its registered office or reg	jistered agent, or both
MERRITT The above	ÉS DRIVE ISLAND, FL 32952 US e named entity submits this statement for the e of Florida.		gistered agent, or both
MERRITT The above The State SIGNATU	ÉS DRIVE ISLAND, FL 32952 US e named entity submits this statement for the e of Florida. RE:		ate
MERRITT The above The State SIGNATU	ÉS DRIVE ISLAND, FL 32952 US e named entity submits this statement for the e of Florida.  RE:  Electronic Signature of Registered A	gent D	ate CERS AND DIRECTO
he above the State IGNATUI  PFFICER tte: ame: ddress:	ÉS DRIVE ISLAND, FL 32952 US  e named entity submits this statement for the e of Florida.  RE:  Electronic Signature of Registered A  S AND DIRECTORS:  PD () Delete ALBERT, DAVIES 784 SILKWOOD CT	gent  ADDITIONS/CHANGES TO OFFICE  Title: ( ) Change ( )  Name: Address:	ate CERS AND DIRECTO Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL J. CUMMINS REV 07/18/2006