


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90109 015 ****61.25

DOCUMENT # 707159					
1. Entity Name FIRST BAPTIST CHURCH OF COCOA BEACH INC.					
Principal Place of Business 830 SOUTH ATLANTIC AVENUE COCOA BEACH, FL 32931			Mailing Address 830 SOUTH ATLANTIC AVENUE COCOA BEACH, FL 32931		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BABINGTON, KEN 830 SOUTH ATLANTIC AVENUE COCOA BCH, FL 32931				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. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE		<i>Ken Babington</i> PASTOR		DATE 1/9/08	
Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when re-registering)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POTTINGER, JAMES		NAME		
STREET ADDRESS	3665 RIO VISTA WAY		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32937		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ZINGERELLA, JOHN		NAME	VD DON JOHNSON	
STREET ADDRESS	2510 AUBURN DR.		STREET ADDRESS	411 DEMPSEY DR	
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change
NAME	JOHNSON, DON		NAME	SON NGUYEN	
STREET ADDRESS	411 DEMPSEY DR		STREET ADDRESS	830 S ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		<i>[Signature]</i>		DATE: 1/9/08 321-783-2844	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	