2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# 710175

Entity Name: COCOA FREE WILL BAPTIST CHURCH INC

Current Principal Place of Business:

4650 HWY 524
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

4650 HWY 524
COCOA, FL 32926

New Mailing Address:

FEI Number: 59-2354568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTIAN, JAMES L.
1220 HENDRY AVE.
COCOA, FL 32922 US

Name and Address of New Registered Agent:

CHRISTIAN, JAMES L
4650 HWY 524
COCOA, FL 32926 US

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.

SIGNATURE: JAMES L. CHRISTIAN 04/22/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHRISTIAN, JAMES L
Address: 4650 HWY 524
City-St-Zip: COCOA, FL 32926

Title: ST ( ) Delete
Name: KINNEY, CHRISTINA
Address: 4650 HWY 524
City-St-Zip: MIMS, FL 32754

Title: D ( ) Delete
Name: KINNEY, MATTHEW D
Address: 4820 MEADOW GREEN ROAD
City-St-Zip: MIMS, FL 32754

Title: D ( ) Delete
Name: CHRISTIAN, DOUGLAS
Address: 301 TURNBRIDGE DR
City-St-Zip: COCOA, FL 32926

Title: D (X) Delete
Name: PASSINGER, RAYMOND
Address: 265 N BURNETT RD
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: KINNEY, CHRISTINA
Address: 2289 US HWY ONE
City-St-Zip: MIMS, FL 32754

Title: D (X) Change ( ) Addition
Name: KINNEY, MATTHEW D
Address: 2289 US HWY ONE
City-St-Zip: MIMS, FL 32754

Title: D (X) Change ( ) Addition
Name: CHRISTIAN, DOUGLAS
Address: 301 TURNBRIDGE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTINA M. KINNEY ST 04/22/2008
Electronic Signature of Signing Officer or Director Date