

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720661

FILED  
Apr 25, 2010  
Secretary of State

**Entity Name:** COCONUT GROVE CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

3345 DOUGLAS RD  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3345 DOUGLAS RD  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 05-0112578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DIXON, DAVID  
15372 W 142ND TERRACE  
MIAMI, FL 33196 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WILLIAMS, THOMAS D  
Address: 1102 N.W. 85TH STREET  
City-St-Zip: MIAMI, FL US

Title: D  
Name: WILCOX, JOSEPH  
Address: 1820 N.W. 56TH STREET  
City-St-Zip: MIAMI, FL 33142 US

Title: TD  
Name: DIXON, DAVID L.  
Address: 15372 SW 142ND TERRACE  
City-St-Zip: MIAMI, FL 33196 US

Title: VP  
Name: MADDOX, WILLIAM  
Address: 10870 S.W. 164TH STREET  
City-St-Zip: MIAMI, FL 33157 US

Title: SD  
Name: MARSHALL III, HOUSTON  
Address: 3278 THOMAS AVE  
City-St-Zip: MIAMI, FL 33133 US

Title: D  
Name: LEE, WILLIAM L  
Address: 3459 PERCIVAL AVENUE  
City-St-Zip: MIAMI, FL 33133 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID LEWIS DIXON

TD

04/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date