

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 734042

1. Entity Name
**ZION ORTHODOX PRIMITIVE BAPTIST CHURCH OF
COCOA, INC.**



Principal Place of Business
**OF COCOA, INC % P.L. JONES JR
715 S FISKE BLVD
COCOA, FL 32922 US**

Mailing Address
**OF COCOA, INC. C/O P.L. JONES JR
1054 REVILLA LANE
ROCKLEDGE, FL 32955**



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2343367

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONES, P.L. ELDER JR.
1054 REVILLA LANE
ROCKLEDGE, FL 32955**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, WILLIE GENE
209 VIRGINIA AVE
COCOA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, AUGUSTA SR.
13671 CATALINA DRIVE
COCOA, FL 32926**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WILLIAMS, RUTH
3671 CATALINA DRIVE
COCOA, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JONES, P L JR
1054 REVILLA LANE
ROCKLEDGE, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARVEY, ROOSEVELT
1225 SCHOOL STREET
COCOA, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000178279
01/12/05-80021-013 61.25

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/05 (321) 632-6120

Date

Daytime Phone #