

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90019 034 ****61.25

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**

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

01122007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3671 CATALINA DRIVE**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

P.L. Jones

President/Director 01/13/2007 321-632-6627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #