

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90067 022 \*\*\*\*61.25

**DOCUMENT # 739706**

1. Entity Name

**METROPOLITAN BAPTIST CHURCH OF COCOA, INC.**



Principal Place of Business

Mailing Address

474 W KING ST  
PO BOX 1449  
COCOA FL 32922

474 W KING ST  
PO BOX 1449  
COCOA FL 32922

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

1st MOORE

CR2E037 (10/06)

4. FEI Number  
**59-2622129**

☒ 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

**BUCKNER, EUGENE**  
**3788 BROOKINGTON CIR.**  
**COCOA FL 32922**

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

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME BUCKNER, EUGENE  
STREET ADDRESS 3788 BROOKINGTON CIR.  
CITY-ST-ZIP COCOA FL

TITLE P- ☐ Change ☒ Addition  
NAME Frank Miller  
STREET ADDRESS 2295 Summerbrook Street  
CITY-ST-ZIP Melbourne, FL 32940

TITLE T ☐ Delete  
NAME THOMAS, LOUIS  
STREET ADDRESS 1119 BRISTOL DR  
CITY-ST-ZIP COCOA, FL 00000

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

TITLE VD ☒ Delete  
NAME COLEMAN, LARRY  
STREET ADDRESS 3535 DETROIT STREET  
CITY-ST-ZIP COCOA FL

TITLE V- ☐ Change ☒ Addition  
NAME Isaac Houston  
STREET ADDRESS P.O. Box 540104 NA  
CITY-ST-ZIP Merritt Island, FL 32954

TITLE SD ☒ Delete  
NAME HOUSTON, ISAAC  
STREET ADDRESS P.O. BOX 540104 NA  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE S- ☐ Change ☒ Addition  
NAME Marcella Elliott  
STREET ADDRESS 1350 Grand Cayman Dr.  
CITY-ST-ZIP Merritt Island, FL 32952

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 Section 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:

*Eugene Buckner*

Eugene Buckner

March 6, 2007

(321) 636-2971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #