


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

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 760512**  
 1. Entity Name  
 COCOA EVANGELISTIC CENTER, INC.



Principal Place of Business  
 324 PINE AVE  
 COCOA, FL 32922 US

Mailing Address  
 % JOHNNIE L. INGERSOLL  
 1950 ONTARIO CIR.- NORTH  
 MELBOURNE, FL 32935

**DO NOT WRITE IN THIS SPACE**



01272005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-2379755

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 INGERSOLL, JOHNNIE L  
 1950 ONTARIO CIRCLE N  
 MELBOURNE, FL 32935

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PT INGERSON, JOHNNIE L 1950 ONTARIO CIRCLE N MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD INGERSOLL, BARBARA 1950 ONTARIO CIRCLE N MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIKE PRICE 973 BELL AVE. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRYE, JIMMY 1869 BAYOLA COURT COCO, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TANYA PRICE 973 BELL AVE. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISOM, CLARENCE 2133 SLEEPYHALLOW DR PALM BAY, FL 32905

U00000273531  
 03/23/05-80033-012 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)(f), 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: John L. Ingersoll 3-21-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #