



# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 760512</b> 1. Entity Name <b>COCOA EVANGELISTIC CENTER, INC.</b>	
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Principal Place of Business <b>324 PINE AVE COCOA, FL 32922 US</b>	Mailing Address <b>% JOHNNIE L. INGERSOLL 1950 ONTARIO CIR.- NORTH MELBOURNE, FL 32935</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



REINSTATEMENT

1202006 REINSTATEMENT CR2E099 (11/05)

4. FEI Number <b>59-2379755</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>INGERSOLL, JOHNNIE L 1950 ONTARIO CIRCLE N MELBOURNE, FL 32935</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">FL</span> Zip Code             </div>

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: *Johnnie L. Ingersoll*      DATE: 11-20-06

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2007, Fee will be \$297.50	<u>245.00</u>	<b>Make check payable to</b> Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT INGERSON, JOHNNIE L 1950 ONTARIO CIRCLE N MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>600082084016</b> <b>11/27/06--01045--015 **240.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD INGERSOLL, BARBARA 1950 ONTARIO CIRCLE N MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIKE PRICE 973 BELL AVE. MELBOURNE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRYE, JIMMY 1869 BAYOLA COURT COCOA, FL 32922 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Rebecca Gebhart - D</b> <b>2133 Sleepy Hollow Dr.</b> <b>Palm Bay FL 32905</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TANYA PRICE 973 BELL AVE. MELBOURNE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISOM, CLARENCE 2133 SLEEPYHALLOW DR PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Johnnie L. Ingersoll*      Date: 11-20-06      Daytime Phone #: 321-254-1538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 27 2006