

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760512

FILED
Apr 26, 2008
Secretary of State

Entity Name: COCOA EVANGELISTIC CENTER, INC.

Current Principal Place of Business:

324 PINE AVE
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2379755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INGERSOLL, JOHNNIE L
1950 ONTARIO CIRCLE N
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: INGERSOLL, JOHNNIE L
Address: 1950 ONTARIO CIRCLE N
City-St-Zip: MELBOURNE, FL 32935

Title: TD () Delete
Name: INGERSOLL, BARBARA
Address: 1950 ONTARIO CIRCLE N
City-St-Zip: MELBOURNE, FL 32935

Title: VD () Delete
Name: MIKE PRICE,
Address: 973 BELL AVE.
City-St-Zip: MELBOURNE, FL

Title: D () Delete
Name: GABHART, REBECCA
Address: 2133 SLEEPYHOLLOW DRIVE
City-St-Zip: PALM BAY, FL 32905

Title: ST () Delete
Name: TANYA PRICE,
Address: 973 BELL AVE.
City-St-Zip: MELBOURNE, FL

Title: D (X) Delete
Name: ISOM, CLARENCE
Address: 2133 SLEEPYHOLLOW DR
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: INGERSOLL, BARBARA V
Address: 1950 ONTARIO CIRCLE N
City-St-Zip: MELBOURNE, FL 32935

Title: VD (X) Change () Addition
Name: MIKE PRICE,
Address: 973 BELL AVE.
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Change () Addition
Name: GEBHART, REBECCA
Address: 2133 SLEEPYHOLLOW DRIVE
City-St-Zip: PALM BAY, FL 32905

Title: ST (X) Change () Addition
Name: TANYA PRICE,
Address: 973 BELL AVE.
City-St-Zip: MELBOURNE, FL 32935

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNIE L. INGERSOLL

Electronic Signature of Signing Officer or Director

AGEN

04/26/2008

Date