

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763092

FILED
Sep 24, 2009
Secretary of State

Entity Name: WEST COCOA MISSION, INCORPORATED

Current Principal Place of Business:

490 BURNETT RD
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 152
COCOA, FL 32923

New Mailing Address:

FEI Number: 59-2211144 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JACKSON, WILLENE H
947 BAYWARD LANE
ROCKLEDGE, FL 32955 US

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: PD () Delete
Name: JACKSON, WILLENE H
Address: 947 BAYWARD LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD () Delete
Name: BELL, ROSINA J
Address: 947 BAYWARD LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD () Delete
Name: JACKSON, ANDRIANA S
Address: 1404 AUDUBON DR.
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: BELL, RETINNA A MS.
Address: 947 BAYWARD LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: JACKSON, WILLIAM H
Address: 1033 MARTIN DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: BELL, RETINNA A .
Address: 947 BAYWARD LANE
City-St-Zip: ROCKLEDGE, FL 32955

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: WILLENE H. JACKSON

PD

09/24/2009

Electronic Signature of Signing Officer or Director

Date