

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90014 031 ****61.25

DOCUMENT # N00000001522

1. Entity Name

**FRESH START LIVING MINISTRIES OF COCOA
INCORPORATED**



Principal Place of Business

**808-B FORREST AVENUE
COCOA FL 32922**

Mailing Address

**808-B FORREST AVENUE
COCOA FL 32922**

2. Principal Place of Business

3. Mailing Address

FRESH START LIVING MINISTRIES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 8363

City & State

City & State

COCOA, FLORIDA

Zip

Country

Zip

Country

32924

UNITED STATES



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3638614

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

**KIMBROUGH, JOANNE
522 A LANE
COCOA FL 32926**

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, 2005**

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 **P** ☐ Delete
NAME **KIMBROUGH, JOANNE**
STREET ADDRESS **522 A LANE**
CITY-ST-ZIP **COCOA FL 32926**

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

TITLE **VD** ☐ Delete
NAME **KIMBROUGH, WILLIE J SR**
STREET ADDRESS **522 A LANE**
CITY-ST-ZIP **COCOA FL 32926**

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

TITLE **SD** ☐ Delete
NAME **GILMORE, PHILANA J**
STREET ADDRESS **329 SUNDIAL CT.**
CITY-ST-ZIP **COCOA FL 32926**

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

TITLE **TD** ☐ Delete
NAME **WOODARD, LAVELL**
STREET ADDRESS **325 SUNDIAL CT**
CITY-ST-ZIP **COCOA FL 32926**

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

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 exemption stated in Section 119.07(3)(i), 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: *Joanne Kimbrough*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-2005 (321) 639-6475
Date Daytime Phone #