

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90011 027 \*\*\*\*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

PO BOX 8363  
COCOA FL 32924

2. Principal Place of Business - No P.O. Box #

285 LAKEVIEW BLVD.

3. Mailing Address

285 LAKEVIEW BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa, FLORIDA

City & State

Cocoa, FLORIDA

Zip

Zip

32926

Country

Country

32926

Country

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

KIMBROUGH, JOANNE  
522 A LANE  
COCOA FL 32926

7. Name and Address of New Registered Agent

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

*Joanne Kimbrough* JOANNE KIMBROUGH

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 10, 2008

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2008

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KIMBROUGH, JOANNE	
STREET ADDRESS	522 A LANE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KIMBROUGH, WILLIE J SR	
STREET ADDRESS	522 A LANE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GILMORE, PHILANA J	
STREET ADDRESS	329 SUNDIAL CT	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WOODARD, LAVELL	
STREET ADDRESS	325 SUNDIAL CT	
CITY-ST-ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBROUGH, JOANNE	
STREET ADDRESS	1334 HERITAGE ACRES BLVD.	
CITY-ST-ZIP	ROCKLEDGE, FLORIDA 32955	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBROUGH, WILLIE SR	
STREET ADDRESS	1334 HERITAGE ACRES BLVD.	
CITY-ST-ZIP	ROCKLEDGE, FLORIDA 32955	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, PHILANA J	
STREET ADDRESS	1117 VINELAND STREET	
CITY-ST-ZIP	COCOA, FLORIDA 32927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Joanne Kimbrough* JOANNE KIMBROUGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 10, 2008

Print

Print or Phone #