

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

DOCUMENT # N00000001753

1. Entity Name

BUILDING GOD'S KINGDOM, INC.



**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

2600 LYNWOOD PLACE  
MERRITT ISLAND FL 32953

Mailing Address

2600 LYNWOOD PLACE  
MERRITT ISLAND FL 32953

2. Principal Place of Business

3. Mailing Address

Suite Apt #, etc.

Suite Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

31-1711054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COOPER, DAVID F JR.  
2600 LYNWOOD PLACE  
MERRITT ISLAND FL 32953

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

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

(NOTE: Registered Agent signature required when reappointing)

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

TITLE PCET ☐ Delete  
NAME COOPER, DAVID REV  
STREET ADDRESS 2600 LYNWOOD PL  
CITY-STATE-ZIP MERRITT ISLAND FL 32953

TITLE SVPD ☐ Delete  
NAME COOPER, JEANNE M  
STREET ADDRESS 2600 LYNWOOD PL  
CITY-STATE-ZIP MERRITT ISLAND FL 32953

TITLE T ☐ Delete  
NAME FADLEY, TONY  
STREET ADDRESS 2609 N. CLEAR LAKE ROAD  
CITY-STATE-ZIP COCOA FL 32922

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 000000200066  
STREET ADDRESS 01/28/05-80011-024 61.25  
CITY-STATE-ZIP

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

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

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID COOPER

Pres

1-24-05

321 452 0189

Date

Daytime Phone #