

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000003462

1. Entity Name
COCOA CARE INTERNATIONAL, INC.



Principal Place of Business
**1150 W KING STREET
COCOA, FL 32922**

Mailing Address
**1150 W KING STREET
COCOA, FL 32922**

DO NOT WRITE IN THIS SPACE



08052004 No Chg-NP CR2E037 (10/03)

4. FCI Number
65-1094660

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BECKFORD, ERROL
1150 W KING STREET
COCOA, FL 32922**

**DO NOT WRITE
IN THIS SPACE**

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 *Errol Beckford*

Signature typed or printed name in registrant's color ink and (if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

8-5-004

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BECKFORD, ERROL
STREET ADDRESS	1150 WEST KING ST
CITY- ST- ZIP	COCOA, FL 32922
TITLE	V
NAME	BECKFORD, KIM
STREET ADDRESS	35 GRANDVIEW BLVD
CITY- ST- ZIP	COCOA, FL 32922
TITLE	SD
NAME	PINKELTON, TERRI
STREET ADDRESS	1119 MANATEE DR
CITY- ST- ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	PINKELTON, WARREN
STREET ADDRESS	1119 MANATEE DR
CITY- ST- ZIP	ROCKLEDGE, FL 32955
TITLE	TD
NAME	FRANKENFIELD, TRACY
STREET ADDRESS	5365 FISHTAIL PALM AVENUE
CITY- ST- ZIP	COCOA, FL 32927
TITLE	D
NAME	BOWERS, ROBERT DR
STREET ADDRESS	200 GROVE BLVD
CITY- ST- ZIP	MERRITT ISLAND, FL 32953

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08/16/04-80002-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *Errol Beckford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-004

Date

Daytime Phone #