

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90062 004 ****61.25

DOCUMENT # NO1000003462

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1094660**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Bruce Frankfield	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5365 Fishtail Palm Ave.	
STREET ADDRESS	Cocoa, FL. 32927	
CITY-ST-ZIP		
TITLE	Holly Paschal - Assistant Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4020 Eola Ave.	
STREET ADDRESS	Titusville, FL. 32796	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. Luriline Smith	
STREET ADDRESS	Revilla Ln	
CITY-ST-ZIP	Cocoa, FL. 329	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Francis Bradley	
STREET ADDRESS	427 Timberlake Dr.	
CITY-ST-ZIP	Melbourne, FL. 32940	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yvonne Capers	
STREET ADDRESS	1680 Clearlake Rd.	
CITY-ST-ZIP	Cocoa, FL. 32927	
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 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:

Errol Beckford

CR2E037 (10/02)