

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005793

FILED
Apr 06, 2008
Secretary of State

Entity Name: CENTRAL BREVARD COMMUNITY CHURCH OF GOD IN CHRIST INC.

Current Principal Place of Business:

821 WASHINGTON AVE
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

821 WASHINGTON AVE
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-3767386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, SYLVESTER
821 WASHINGTON AVE
COCOA, FL 32922 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, SYLVESTER
Address: 1115 SANTA ROSA RD.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: JONES, CAROLYN
Address: 1115 SANTA ROSA DR.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: GOVERNOR JR., FRED
Address: 3796 BROCKINGTON CIRCLE
City-St-Zip: COCOA, FL 32926

Title: TD () Delete
Name: GLENN, AMOS
Address: 2527 STRATFORD DR.
City-St-Zip: COCOA, FL 32926

Title: S () Delete
Name: RUSHING, JIMMIE JR.
Address: 5234 THUNDER LANE
City-St-Zip: PAFB, FL 32925

Title: D () Delete
Name: GLENN, BARBARA
Address: 2527 STRATFORD DR.
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMOS J. GLENN

TD

04/06/2008

Electronic Signature of Signing Officer or Director

Date