

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008646

FILED
Apr 28, 2006
Secretary of State

Entity Name: SAINT JOHN CHURCH OF GOD IN CHRIST OF COCOA, INC.

Current Principal Place of Business:

737 THOMAS LANE
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

737 THOMAS LANE
COCOA, FL 32922

New Mailing Address:

FEI Number: 56-2330681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMBLE, DAVID
3832 DENTON CIRCLE
COCOA, FL 32926 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: DP () Delete
Name: GAMBLE, DAVID
Address: 3832 DENTON CIRCLE
City-St-Zip: COCOA, FL 32926

Title: CEOV () Delete
Name: ALLEN, GEORGE
Address: 481 BUTLER LANE
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: JONES, REGINAL
Address: 710 IXORA AVENUE
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: BOSTIC, IRA
Address: 1050 HICKORY LANE
City-St-Zip: COCOA, FL 32922

Title: TD () Delete
Name: WOODARD, LAVERNE
Address: 943 VARR AVENUE
City-St-Zip: ROCKLEDGE, FL 32922

Title: SD () Delete
Name: QUASHIE, PATRICIA
Address: 4863 CHICAGO STREET
City-St-Zip: COCOA, FL 32927

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: TD (X) Change () Addition
Name: DAVIS, SAM
Address: 719 IXORA AVE.
City-St-Zip: COCOA, FL 32922

Title: SD (X) Change () Addition
Name: ALLEN, MARION
Address: 481 BUTLER LANE
City-St-Zip: COCOA, FL 32922

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID GAMBLE

DP

04/28/2006

Electronic Signature of Signing Officer or Director

Date