2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010627

FILED Apr 15, 2009 Secretary of State

Entity Name: COCONUT GROVE COMMUNITY CHURCH INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
655 GRA IIAMI, FL					
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
655 GRA IIAMI, FL					
El Number:	: 08-0389429	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
ame and	l Address of (Current Registered Agent:	Name and Addres	s of New Registered Agent:	
230 NW 1	N, DAVID BIS 191 ST RDENS, FL 3:				
		submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
the State	e of Florida.	submits this statement for the բ	ourpose of changing its registe	ered office or registered agent, or both,	
the State	e of Florida. RE:	·			
the State	e of Florida. RE: Electror	nic Signature of Registered Ago	ent	Date	
the State	e of Florida. RE:	nic Signature of Registered Ago	ent		
the State	e of Florida. RE: Electror S AND DIREC	nic Signature of Registered Age TORS:) Delete AVID PASTOR ST	ent	Date	
the State IGNATUR FFICER: tle: ame: ddress:	e of Florida. RE: Electror S AND DIREC D (ROBINSON, D) 4230 N.W 191 MIAMI GARDEI	nic Signature of Registered Age FTORS:) Delete AVID PASTOR ST NS, FL 33055) Delete AVIUS AVE	ent ADDITIONS/CHAN Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR	
the State GNATUF FFICERS le: ime: idress: ty-St-Zip: le: ime: idress:	e of Florida. RE: Electron S AND DIREC D (ROBINSON, D/ 4230 N.W 191 MIAMI GARDEI D (HOWELL, ART 3490 WILLIAM MIAMI, FL 331	nic Signature of Registered Age FTORS:) Delete AVID PASTOR ST NS, FL 33055) Delete AVIUS AVE 33) Delete A	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR () Change () Addition	

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: DAVID ROBINSON	MR.	04/15/2009
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