


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N44992</b>	
1. Entity Name <b>FRIENDSHIP PRIMITIVE BAPTIST CHURCH OF COCOA, INC.</b>	

Principal Place of Business <b>385 S. BURNETT RD COCOA, FL 32926</b>	Mailing Address <b>385 S. BURNETT RD COCOA, FL 32926</b>
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



04302004 No Chg-NP GR2E037 (10/03)

4. FEI Number <b>59-2597924</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

5. Name and Address of Current Registered Agent  <b>BUCKNER, EDWARD 3703 BROPHY BLVD. COCOA, FL 32926</b>
---

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000157192 05/06/04-B0017-002 70.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKNER, EDWARD 3703 BROPHY BLVD. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, GEORGE 3740 WOOD CIRCLE COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTS, DEBRA 3130 IPSWICH DR COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CALDWELL, LEOLA 3739 CARTEE ST COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTLE, IZEAL 325 BURNETT RD COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.

<b>SIGNATURE:</b> 	<b>4/29/04</b>	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			