


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90714 001 ***256.00

DOCUMENT # N44992	
1. Entity Name	
FRIENDSHIP PRIMITIVE BAPTIST CHURCH OF COCOA, INC.	

Principal Place of Business	Mailing Address
385 S. BURNETT RD COCOA FL 32926	385 S. BURNETT RD COCOA FL 32926

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For
59-2597924		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUCKNER, EDWARD 3703 BROPHY BLVD. COCOA FL 32926		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D BUCKNER, EDWARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKNER, EDWARD	NAME	
STREET ADDRESS	3703 BROPHY BLVD.	STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	CITY-ST-ZIP	
TITLE	D SIMMONS, GEORGE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, GEORGE	NAME	
STREET ADDRESS	3740 WOOD CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	CITY-ST-ZIP	
TITLE	SD ROBERTS, DEBRA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, DEBRA	NAME	
STREET ADDRESS	3130 IPSWICH DR	STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	CITY-ST-ZIP	
TITLE	TD CALDWELL, LEOLA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, LEOLA	NAME	
STREET ADDRESS	3739 CARTEE ST	STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	CITY-ST-ZIP	
TITLE	D BATTLE, IZEAL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTLE, IZEAL	NAME	
STREET ADDRESS	325 BURNETT RD	STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05 321-139-2019E204
Date Daytime Phone #