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**Mar 01, 1999 8:00 am**  
**Secretary of State**

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000006267**

1. Corporation Name

**FAITH FELLOWSHIP OF COCOA, INC.**

Principal Place of Business

1535 N. COGSWELL  
A-4  
ROCKLEDGE FL 32955  
US

Mailing Address

1535 N. COGSWELL  
A-4  
ROCKLEDGE FL 32955  
US



2. Principal Place of Business

21 **1535 N. COGSWELL ST**

2a. Mailing Address

26 **1535 N. COGSWELL ST.**

Suite, Apt. #, etc.

22 **A-4**

Suite, Apt. #, etc.

27 **A-4**

City & State

23 **ROCKLEDGE FL**

City & State

28 **ROCKLEDGE FL**

Zip

24 **32955** 25 **USA**

Zip

29 **32955** 30 **USA**

9. Name and Address of Current Registered Agent

**MOSS, JOSEPH R**  
**1530 SOUTH FEDERAL HIGHWAY**  
**ROCKLEDGE FL 32955**

3. Date Incorporated or Qualified

**12/06/1996**

4. FEI Number

**59-3444403**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00** May Be Added to Fees

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **CROSS, JAMES E**  
STREET ADDRESS **938 PINEBAUGH STREET**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **D** ☐ DELETE  
NAME **ALFORD, BOB**  
STREET ADDRESS **1049 CYPRESS LANE**  
CITY-ST-ZIP **COCOA FL 32922**

TITLE **D** ☒ DELETE  
NAME **SCHUMACHER, RUTH**  
STREET ADDRESS **2209 CATAWABA DRIVE**  
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**Ralph Lacquement**  
**1148 Wentworth Circle**  
**Rockledge, Fl. 32955**

☐ Change ☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Wiley*  
**WILEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 28, 1999

Date

Daytime Phone #

CR2E037 (1/98)