

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 22, 1999 8:00 am
Secretary of State

06-22-1999 90010 014 ****61.25

DOCUMENT # N97000000626 (8)

1. Corporation Name

ERNEST L. COBBS MINISTRIES (E.L.C.), INC.



Principal Place of Business

Mailing Address

1020 SW 96TH AVE
PEMBROKE PINES FL 33025

1020 SW 96TH AVE
PEMBROKE PINES FL 33025

3. Date Incorporated or Qualified

02/03/1997

4. FEI Number

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 81 Bahman Ave

26 81 Bahman Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

23 City & State
Opalocka, FL

28 City & State
Opalocka, FL

24 Zip Country
33054 USA

29 Zip Country
33054 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COBBS, ERNEST L
1020 SW 96TH AVE
PEMBROKE PINES FL 33025

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME COBBS, ERNEST L
STREET ADDRESS 1020 SW 96TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33025

1.1 TITLE PD
1.2 NAME Ernest L. Cobbs
1.3 STREET ADDRESS 81 Bahman Ave
1.4 CITY- ST-ZIP Opalocka, FL 33054

TITLE SD
NAME COBBS, ELLA W
STREET ADDRESS 1020 SW 96TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33025

2.1 TITLE SD
2.2 NAME Ella W. Cobbs
2.3 STREET ADDRESS 81 Bahman Ave
2.4 CITY- ST-ZIP Opalocka, FL 33054

TITLE TD
NAME BELL, AQUA
STREET ADDRESS 160 B MEADOW BROOK CT
CITY-ST-ZIP FAYETTEVILLE GA 30214

3.1 TITLE TD
3.2 NAME Aqua Bell
3.3 STREET ADDRESS 2090 Service Road
3.4 CITY- ST-ZIP Opalocka, FL 33054

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST-ZIP

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.

SIGNATURE:

Ernest L. Cobbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99 (305) 687-1030
-0023719

CR2E037 (10/97)