

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 11, 2006 08:00 AM  
Secretary of State

DOCUMENT # N97000000626

1. Entity Name

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



Principal Place of Business

81 BAHMAN AVENUE  
OPA LOCKA, FL 33054 US

Mailing Address

3362 NW 151 TERR  
OPA LOCKA, FL 33054

DO NOT WRITE IN THIS SPACE



05052006 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0728635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COBBS, ERNEST L  
81 BAHMAN AVENUE  
OPA LOCKA, FL 33054

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME COBBS, ERNEST L  
STREET ADDRESS 81 BAHMAN AVENUE  
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE SD  
NAME COBBS, ELLA W  
STREET ADDRESS 81 BAHMAN AVENUE  
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE TD  
NAME BELL, AQUA  
STREET ADDRESS 2090 SERVICE ROAD  
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000564221  
05/20/06-80055-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

*Ellen W. Cobbs Ella W. Cobbs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/06 305-756-1733  
Date Daytime Phone #