

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90149 013 ****61.25

DOCUMENT # N97000001465

1. Entity Name

NORTHWEST BAPTIST CHURCH OF COCOA, INC.

Principal Place of Business

Mailing Address

1720 COX ROAD
 COCOA FL 32926

1720 COX ROAD
 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

4. FEI Number

59-3430567

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, OVELENE H
4555 CITRUS 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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DC HART, GREGORY	<input type="checkbox"/> Delete
STREET ADDRESS	4105 FISHERMANS PLACE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE NAME	DT COX, OVELENE H	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1720 COX ROAD	
CITY-ST-ZIP	COCOA FL 32926	
TITLE NAME	D SMITH, STEVEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1720 COX ROAD	
CITY-ST-ZIP	COCOA FL 32926	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DT Cleone Callen Nutt	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	258-Annalisa-Place	
CITY-ST-ZIP	Merritt Island FL 32953	
TITLE NAME	D Teresa Munroe	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3450 Erie Street	
CITY-ST-ZIP	Cocoa, FL 32926	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 321-453-5882
 Date Daytime Phone #

CR2E037 (10/00)