

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2008 08:00 AM
Secretary of State**

DOCUMENT # N97000001465

1. Entity Name
NORTHWEST BAPTIST CHURCH OF COCOA, INC.



Principal Place of Business
1720 COX ROAD
COCOA, FL 32926

Mailing Address
1720 COX ROAD
COCOA, FL 32926



01102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3430567

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WATERS, MENA A SECRETA
3218 BAYFIELD STREET
COCOA, FL 32926

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HART, GREGORY B
4108 FISHERMAN PLACE
COCOA, FL 32926

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
NUTT, CLEONE C
258 ANNALISA PLACE
MERRITT ISLAND, FL 32953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MUNROE, TERESA
3450 ERIE STREET
COCOA, FL 32926

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000794957
01/28/08-80028-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

James L. Mearse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/08
Date

321/638-0890
Daytime Phone #