


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)

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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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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 01/29/08-80028-012 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: *James L. Mearse* 1/20/08 321/638-0890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #