I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: MALCOLM C. BLOWES

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N16000007599

Entity Name: FAITH FAMILY FELLOWSHIP OF COCOA, INC.

Current Principal Place of Business:

1001 GREENWOOD WAY COCOA, FL 32922

Current Mailing Address:

POST OFFICE BOX 236411 COCOA. FL 32923-6411

FEI Number: 81-3538595

Name and Address of Current Registered Agent:

INCOME TAX & MORE 2800 AURORA RD SUITE G MELBOURNE, FL 32935 US Certificate of Status Desired: No

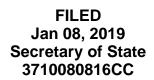
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	0	Title	S	
Name	BLACK, BRUCE	Name	JONES, REGINALD	
Address	3750 ATLANTA STREET	Address	445 OXFORD AVENUE	
City-State-Zip:	COCOA FL 32926	City-State-Zip:	MERRITT ISLAND FL 32953	
Title	т	Title	Ρ	
Title Name	T BLOWES, MALCOLM	Title Name	P BLOWES, PHYLLIS A	
	T BLOWES, MALCOLM 1001 GREENWOOD WAY		-	
Name	,	Name	BLOWES, PHYLLIS A	



01/08/2019

Date