

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007599

**FILED**  
**Jan 08, 2019**  
**Secretary of State**  
**3710080816CC**

**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**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

INCOME TAX & MORE  
2800 AURORA RD  
SUITE G  
MELBOURNE, FL 32935 US

*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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title O  
Name BLACK, BRUCE  
Address 3750 ATLANTA STREET  
City-State-Zip: COCOA FL 32926

Title S  
Name JONES, REGINALD  
Address 445 OXFORD AVENUE  
City-State-Zip: MERRITT ISLAND FL 32953

Title T  
Name BLOWES, MALCOLM  
Address 1001 GREENWOOD WAY  
City-State-Zip: COCOA FL 32922

Title P  
Name BLOWES, PHYLLIS A  
Address 1001 GREENWOOD WAY  
City-State-Zip: COCOA FL 32922

*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.*

**SIGNATURE: MALCOLM C. BLOWES**

**PRESIDENT**

**01/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date