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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90288 036 \*\*\*\*61.25

0019607

**DOCUMENT # N97000006886**

1. Corporation Name

**THE COCOA ROTARY FOUNDATION, INC.**

Principal Place of Business

**335 SOUTH PLUMOSA STREET  
SUITE A  
MERRITT ISLAND FL 32955**

Mailing Address

**P.O. BOX 244  
COCOA FL 32922-0244**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

**12/11/1997**

4. FEI Number

**APPLIED FOR 59-3503301**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

**SUNDIN, GLENN T  
335 SOUTH PLUMOSA STREET  
SUITE A  
MERRITT ISLAND FL 32955**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **WOHN, ROBERT**  
CITY-ST-ZIP **960 N COCOA BLVD  
COCOA FL 32922**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BARBER, ROBERT**  
CITY-ST-ZIP **110 OAKLEDGE DRIVE  
ROCKLEDGE FL 32955**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **ARNOLD, MICHAEL**  
CITY-ST-ZIP **515 HARWOOD AVENUE  
SATELLITE BEACH FL 32937**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SUNDIN, GLENN T**  
CITY-ST-ZIP **335 SOUTH PLUMOSA ST SUITE A  
MERRITT ISLAND FL 32952**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **JOHNS, CARL**  
CITY-ST-ZIP **1970 MICHIGAN AVE  
COCOA FL 32926**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **JOHNS, CARL**  
CITY-ST-ZIP **1970 MICHIGAN AVE  
COCOA FL 32926**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **Schweinsberg, Catherine**  
5.4 CITY-ST-ZIP **850 Belhurst Lane  
Rockledge FL 32955**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E037 (11/98)

**3-24-99 407-636-9253**