

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

DOCUMENT # N97000006886

1. Entity Name
THE COCOA ROTARY FOUNDATION, INC.



04-05-2007 90304 001 ****61.25

04-05-2007 90304 002 ****61.25

Principal Place of Business
PO BOX 244
COCOA, FL 32923-0244 US

Mailing Address
P.O. BOX 244
COCOA, FL 32922-0244 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3503301

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE LEO, JOSEPH E
~~2824 S. CONNERS RD~~ 1081 Kingfisher Way
ROCKLEDGE, FL 32955

Name

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

City

FL

Zip Code

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME DELEO, JOSEPH
STREET ADDRESS ~~2824 S. CONNERS RD~~ 1081 Kingfisher Way
CITY-ST-ZIP ROCKLEDGE, FL 32955 ☐ Delete

TITLE D
NAME FETTROW, BRENDA
STREET ADDRESS 6745 HARTFORD RD
CITY-ST-ZIP COCOA, FL 32927 ☒ Delete

TITLE D
NAME FAYER, GEORGE
STREET ADDRESS 66 HILLTOP LN.
CITY-ST-ZIP ROCKLEDGE, FL 32955 ☐ Delete

TITLE D
NAME LAROCHE, JR., CHARLES W
STREET ADDRESS 200 S. SYKES CR. PKWY. 104A
CITY-ST-ZIP MERRITT ISLAND, FL 32952 ☐ Delete

TITLE D
NAME MCCARTHY, BILL
STREET ADDRESS 3640 WOOD DUCK DR
CITY-ST-ZIP MIMS, FL 32754 ☐ Delete

TITLE D
NAME KRUEGER, GARY
STREET ADDRESS C/O TLC 870 DIXON BLVD.
CITY-ST-ZIP COCOA, FL 32922 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME Jay Schenck
STREET ADDRESS 3815 Infian River Dr.
CITY-ST-ZIP Cocoa, FL. 32926 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME Patricia Hare
STREET ADDRESS 5731 Peacock Ln.
CITY-ST-ZIP Titusville, FL 32780 ☐ Change ☒ Addition

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: Charles W. LaRoche, Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07

Date

321/449-4064

Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000006886					
1. Entity Name THE COCOA ROTARY FOUNDATION, INC.					
Principal Place of Business PO BOX 244 COCOA, FL 32923-0244 US			Mailing Address P.O. BOX 244 COCOA, FL 32922-0244 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3503301	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DE LEO, JOSEPH E 220 S. CONGRESS BLVD. 1081 Kingfisher Way ROCKLEDGE, FL 32955				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELEO, JOSEPH 220 S. CONGRESS BLVD. 1081 Kingfisher Way ROCKLEDGE, FL 32955		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FETTROW, BRENDA 6745 HARTFORD RD COCOA, FL 32927		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Jay Schenck 3815 Infian River Dr. Cocoa, Fl. 32926	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAYER, GEORGE 66 HILLTOP LN. ROCKLEDGE, FL 32955		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAROCH, JR., CHARLES W 200 S. SYKES CR. PKWY. 104A MERRITT ISLAND, FL 32952		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCARTHY, BILL 3640 WOOD DUCK DR MIMS, FL 32754		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRUEGER, GARY C/O TLC 870 DIXON BLVD. COCOA, FL 32922		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Patricia Hare 5731 Peacock Ln. Titusville, Fl 32780	
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: Charles W. LaRoche, Jr			4/2/07 321/449-4064		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

66008140