

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 700108**

1. Entity Name  
**COCOA BEACH COMMUNITY CHURCH INCORPORATED**



Principal Place of Business  
**126 SOUTH ATLANTIC AVE  
P.O. BOX 320009  
COCOA BEACH, FL 32931**

Mailing Address  
**126 SOUTH ATLANTIC AVE  
P.O. BOX 320009  
COCOA BEACH, FL 32931**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**



**DO NOT WRITE IN THIS SPACE**

01082006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-6020904**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KETCHHAM, RODNEY  
3605 BANANA RIVERT BLVD  
B 401  
COCOA BEACH, FL 32931**

**DO NOT WRITE  
IN THIS SPACE**

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

*Rodney S Ketcham*

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, 2006**

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	P KOLTERMAN, ROBERT 7350 US N. 1, UNIT 102 PORT ST. JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARAMIE, DAVID 2100 N. ATLANTIC AVE. COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEANS, JAMES W SR 3873 S. BANANA RIVER BLVD COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIGER, MARTY 1700 N. ATLANTIC AVE. #225 COCOA BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000393037  
01/25/06-80005-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 817, 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:**

*David L Laramie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/13/06*

Date

*321-783-3961*

Daytime Phone #