

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90095 042 ****61.25

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**



01112007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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* **RODNEY S. KETCHAM** 1-16-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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**

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

**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 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: *D. Laramie* **David Laramie** 1/16/07 321-392-3271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #