

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712522

FILED  
Apr 19, 2007  
Secretary of State

**Entity Name:** COCOA BEACH AREA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

400 FORTENBERRY RD  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

400 FORTENBERRY RD  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

**FEI Number:** 59-0903980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHILLO, KATHLEEN L  
400 FORTENBERRY RD  
MERRITT ISLAND, FL 32952 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHILLO, KATHLEEN L  
Address: 400 FORTENBERRY RD  
City-St-Zip: MERRITT ISLAND, FL

Title: T ( ) Delete  
Name: HARRIS, RICHARD  
Address: 1485 VEGA AVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D ( ) Delete  
Name: COPP, DAVID  
Address: 331 TUNBRIDGE DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: VESTER, JANE  
Address: PO BOX 585  
City-St-Zip: COCOA, FL 32932

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: THARPE, ROY  
Address: 430 JILLOTUS ST  
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN SCHILLO

P

04/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date