


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90184 035 \*\*\*\*70.50

<b>DOCUMENT # 714143</b>					
<b>1. Entity Name</b> COCOA BEACH POWER SQUADRON, INC.					
<b>Principal Place of Business</b> 2049 SYKES CREEK DR MERRITT ISLAND, FL 32953 US			<b>Mailing Address</b> COCO BEACH POWER SQ. PO BOX 540651 MERRITT IS., FL 54-0651 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 1490 HOLLY AVE.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
City & State MERRITT ISLAND, FL.		City & State Suite, Apt. #, etc.		02272008 Chg-NP CR2E037 (12/06)	
Zip 32952-5888		Country USA		<b>4. FEI Number</b> 59-3008037	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> LONGWAY, J P III 2049 SYKES CREEK DR MERRITT ISLAND, FL 32953			<b>7. Name and Address of New Registered Agent</b> Name: FLANIGAN, MARILYN Street Address (P.O. Box Number is Not Acceptable): 1490 HOLLY AVE. City: MERRITT ISLAND FL Zip Code: 32952-5888		
<b>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.</b>					
SIGNATURE: MARILYN FLANIGAN, SD 2-28-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STONE, MICHAEL 155 ARTEMIS BLVD MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONGWAY III, J.P. 2049 SYKES CREEK DR. MERRITT ISLAND, FL. 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOONMAKER, SANDY 1850 N COURTENAY, # 103-10 MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VANDEBERG, LANCE 715 CARAMBOLA DR. MERRITT ISLAND, FL. 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ADAME, FRED 5199 WEXFORD DR ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ADAME, FRED 5199 WEXFORD DR. VIERA, FL. 32955-6708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD LONGWAY, J.P. III 2049 SYKES CREEK DR MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD GREEN, JAMES PO BOX 542116 MERRITT ISLAND, FL. 32954-2116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LONGWAY, J P III 2049 SYKES CREEK DR MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLANIGAN, MARILYN 1490 HOLLY AVE. MERRITT ISLAND, FL. 32952-5888	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHOONMAKER, RICHARD 1850 N COURTNEY, # 103-10 MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIRKWOOD, MARSHA 314 WOODS LAKE DR. COCOA, FL. 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 as changed, or on an attachment with an address, with all other like empowered.</b>					
SIGNATURE: MARSHA E. KIRKWOOD, TD 2-28-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE</small>					