

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90040 043 \*\*\*\*61.25

<b>DOCUMENT # 722558</b> 1. Entity Name <b>COCOA BEACH CITIZENS LEAGUE, INC.</b>					
Principal Place of Business <b>PO BOX 320793</b> <b>COCOA BEACH, FL 32932-0793 US</b>				Mailing Address <b>PO BOX 320793</b> <b>COCOA BEACH, FL 32932-0793 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>54009708</b> 	
City & State		City & State		4. FEI Number <b>59-1791573</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WHIPPA, WILMA</b> <b>110 SUNSET DR</b> <b>COCOA BEACH, FL 32931</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <i>Wilma Whippo</i> <b>WILMA WHIPPO, TREAS.</b>				DATE <b>2/17/04</b>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>				9. Election Campaign Financing 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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARMAN, LILA 24 YACHT HAVEN DR COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE <i>D</i> NAME STREET ADDRESS CITY-ST-ZIP	PETER CUNNINGHAM 838 NASSAU ROAD COCOA BEACH, FL 32931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBINO, HETTIE 606 COCOA ISLES BLVD COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE <i>D</i> NAME STREET ADDRESS CITY-ST-ZIP	ROBERT FRITZ 632 BERMUDA ROAD COCOA BEACH, FL 32931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V LYNE, CHRIS 1611 MINUTEMAN #108 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ATKINSON, THOMAS H 3450 OCEAN BEACH BLVD #804 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WHIPPO, WILMA 110 SUNSET DR COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Wilma Whippo</i> <b>WILMA WHIPPO</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>2/17/04</b> Daytime Phone # <b>321-7841037</b>					