2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 19, 2007 8:00 am **Secretary of State DOCUMENT #722558** 02-19-2007 90062 008 ****61.25 COCOA BEACH CITIZENS LEAGUE, INC. Principal Place of Business Mailing Address PO BOX 320793 PO BOX 320793 40000--COCOA BEACH, FL 32932-0793 US COCOA BEACH, FL 32932-0793 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082007 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-1791573 Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHIPPO. WILMA WHIPPA, WILMA Street Address (P.O. Box Number is Not Acceptable) 110 SUNSET DR COCOA BEACH, FL 32931 293 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 (NOTE: Registered Agent alignature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. SD TITLE ☐ Delete TITLE DILLON, ADRIANNE MORGAN, JOSEPH NAME NAME 125HERNANDO LAWE 580 S. BREVARD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZIP COCUA BEACH, FL 32931 TITL F ☐ Delete TITLE ☐ Change ■ Addition CUNNINGHAM, PETER NAME NAME STREET ADDRESS 838 NASSAU RD. STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZIP Delete Change TITI F TITLE Addition FRITZ, ROBERT NAME NAME 632 BERMUDA RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition WHIPPO, WILMA NAME NAME 110 SUNSET DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-7IP DILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Change

☐ Addition

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

WILMAWHIPPO 2/9/07 Daytime Phone #