


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90025 006 ****61.25

| | | | | | |
|--|--|--|---|--|--|
| DOCUMENT # 726015 1. Entity Name THE ANCHORAGE OF COCOA BEACH INC. | | | |  | |
| Principal Place of Business 1611 MINUTEMEN CSWY COCOA BCH, FL 32931 | | | Mailing Address 1611 MINUTEMEN CSWY BOX #312 COCOA BEACH, FL 32931 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1635631 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent WORTMAN, MARY 1611 MINUTEMEN CSWY #110 COCOA BEACH, FL 32931 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HENNESSEY, JIM 1611 MINUTE MAN CSWY #207 COCOA BCH., FL 32931 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Simmers, Ken 1611 Minutemen Cswy #110 Cocoa Beach FL 32931 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WORTMAN, MARY 1611 MINUTEMEN CSWY #110 COCOA BEACH, FL 32931 | <input checked="" type="checkbox"/> Delete | |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BREWER, BARBARA 1611 MINUTEMEN CSWY #106 COCOA BEACH, FL 32931 | <input checked="" type="checkbox"/> Delete | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROLLER, AMY 1611 MINUTEMEN CSWY. #305 COCOA BEACH, FL 32931 | <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD Roller, Amy | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>K.W. L.</i> | | | 3/18/08 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |