

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745925 (8)

1. Corporation Name
BUSINESS IMPROVEMENT COUNCIL OF COCOA BEACH, INC



Principal Place of Business
**BOX 320303
COCOA BEACH FL 32931**

Mailing Address
**BOX 320303
COCOA BEACH FL 32931**

3. Date Incorporated or Qualified
02/13/1979

3a. Date of Last Report
02/13/1995

4. FEI Number
59-2128290

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 [] 22 [] 23 [] 24 [] 25 []

2a. Mailing Address

26 [] 27 [] 28 [] 29 [] 30 []

9. Name and Address of Current Registered Agent

**HARBIN, DORIS
41 N ORLANDO AVE
COCOA BEACH, F L 32931**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 []

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MONGIELLO, JOAN	
STREET ADDRESS	3 S ATLANTIC AVE	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TALBOT, CHUCK	
STREET ADDRESS	332 TAFT AVENUE	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, VILMA	
STREET ADDRESS	435 RIVERSIDE AVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MOODY, DON	
STREET ADDRESS	291 W. COCOA BEACH CSWY	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHARP, FRED	
STREET ADDRESS	17 N ATLANTIC AVE	
CITY-ST-ZIP	COCOA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TALBOT, CHARLES	
13 STREET ADDRESS	332 TAFT AVE	
14 CITY-ST-ZIP	COCOA BEACH, FL 32931	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SCHAFFER, JIM	
23 STREET ADDRESS	P.O. BOX 320069	
24 CITY-ST-ZIP	COCOA BEACH, FL 32932-0069	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	GRAY, LENA	
43 STREET ADDRESS	P.O. BOX 321057	
44 CITY-ST-ZIP	COCOA BEACH, FL 32932-1057	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vilma Williams* 1-26-96 407-799-0581
VILMA WILLIAMS, TREASURER Date Daytime Phone #

CR2E037 (12/95)