


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 745925


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



Principal Place of Business Mailing Address

BOX 320303 **BOX 320303**
COCOA BEACH, FL 32932 US **COCOA BEACH, FL 32932 US**

DO NOT WRITE IN THIS SPACE



01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2128290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEONARD, L. GEORGE
1485 M ATLANTIC AVE., #112
COCOA BEACH, FL 32931

DO NOT WRITE IN THIS SPACE

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: *L. George Leonard* DATE: *1/10/05*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

1111111179384
01/13/05-80010-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARMSTRONG, LANCE 320 N ATLANTIC AVE COCOA BCH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANTHONY, ED 605 N ATLANTIC AVE COCOA BCH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEONARD, L GEORGE 1485 N ATLANTIC AVE, SUITE 112 COCOA BCH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALBOT, CHUCK 336 TAFT AVE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUNNINGHAM, PETER 838 NASSAU RD COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *L. George Leonard* DATE: *1/10/05* Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #