2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004422

1. Entity Name

COCOA/ROCKLEDGE CIVIC LEAGUE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 560491 ROCKLEDGE FL 32956-0491	P.O. BOX 560491 ROCKLEDGE FL 32956-0491

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3657654 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JACKSON, DAVID W 3509 W. ROUNDTREE DR. COCOA FL 32926	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 _____ DATE

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

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	JACKSON, DAVID W		NAME	U00000467872
STREET ADDRESS	3507 W ROUNDTREE DRIVE		STREET ADDRESS	03/24/06-80009-007 61.25
CITY-ST-ZIP	COCOA FL 32926		CITY-ST-ZIP	
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	WILSON, ALBERTA K		NAME	
STREET ADDRESS	1155 MANATEE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	REED, ISABELLE		NAME	
STREET ADDRESS	980 EVERGREEN PLACE		STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY-ST-ZIP	
TITLE	AS	☐ Delete	TITLE	☐ Change ☐ Add
NAME	AARON, EARNESTINE		NAME	
STREET ADDRESS	1049 REVILLA LANE		STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Add
NAME	REESE, SANDRA		NAME	
STREET ADDRESS	884 BRUNSWICK LANE		STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY-ST-ZIP	
TITLE	PAR	☐ Delete	TITLE	☐ Change ☐ Add
NAME	CHAPMAN, RODERICK		NAME	
STREET ADDRESS	1109 BRISTOL COURT		STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32922		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____