
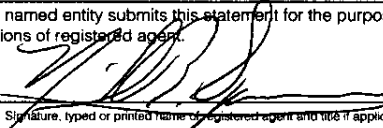
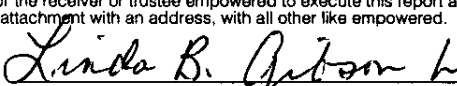


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90705 030 \*\*\*\*61.25

<b>DOCUMENT # N01000005144</b> 1. Entity Name <b>COCOA BEACH ALUMNI ASSOCIATION, INC.</b>			
Principal Place of Business <b>3000 N. ATLANTIC AVE., SUITE 102 COCOA BCH, FL 32931</b>		Mailing Address <b>3000 N. ATLANTIC AVE., SUITE 102 COCOA BCH, FL 32931</b>	
2. Principal Place of Business <b>P.O. Box 320084</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 320084</b> Suite, Apt. #, etc.	
City & State <b>COCOA BEACH, FL</b> Zip <b>32932-0084</b> Country <b>USA</b>		City & State <b>COCOA BEACH, FL</b> Zip <b>32932-0084</b> Country <b>USA</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LEHTON, ROBERT E</b> <b>3000 N. ATLANTIC AVE., SUITE 102 COCOA BCH, FL 32931</b>		7. Name and Address of New Registered Agent Name <b>NEIL - SPENCER</b> Street Address (P.O. Box Number is Not Acceptable) <b>827 NASSAU ROAD</b> City <b>COCOA BEACH</b> FL Zip Code <b>32931</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>27 APRIL 2004</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$81.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIDDY, CHARLES P. O. BOX 2363 MANHATTAN BCH, CA 902672363	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete    <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIBSON, LINDA B 113 MCKINLEY AVE. COCOA BCH, FL 32931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPENCER, NEIL 702 JAVA ROAD COCOA BEACH, FL 329313075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete    <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, SHARON 3601 S BANANA RIVER BLVD. #A-503 COCOA BEACH, FL 329315420	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROLEY, MIA 443 JOHNSON AVENUE #304 CAPE CANAVERAL, FL 329204912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete    <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROLEY, MIA 443 JOHNSON AVENUE #304 CAPE CANAVERAL, FL 329204912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete    <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROLEY, MIA 443 JOHNSON AVENUE #304 CAPE CANAVERAL, FL 329204912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete    <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>LINDA B. GIBSON</b>		Date <b>4/28/04</b> Daytime Phone # <b>321-799-2870</b>	

Attachment

44043321

**Additional Directors of  
Cocoa Beach Alumni Association, Inc.**

**As of 4/28/2004**

**Document #N01000005144**

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JoAnne Bleichner  
355 Duet Avenue  
Merritt Island, FL 32952

Bonnie Frost  
7954 Poinsetta Avenue  
Cape Canaveral, FL 32920-2948

Linda MacCleave  
14208 Spring Gate Terrace  
Midlothian, VA 23112

Martha Ponson  
3620 S. Banana River Blvd. #C403  
Cocoa Beach, FL 32931

Brenda Teixeira  
3222 High Point Drive  
Cocoa, FL 32926

Patti Trembley  
2230 Chevalier Place  
Merritt Island, FL 32952

Juli Tucker  
2325 Newfound Harbor Drive  
Merritt Island, FL 32952-2840