

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000005098

1. Entity Name
CITIZENS ACTION COMMITTEE OF COCOA BEACH, INC.



Principal Place of Business
PO BOX 321372
COCOA BCH, FL 32932

Mailing Address
PO BOX 321372
COCOA BCH, FL 32932

FILED
04 JAN -9 AM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
54-2065088

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOSTRO, VICTOR S ESQUIRE
1825 RIVERVIEW DR
MELBOURNE, FL 32901

**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.

700028319917
02/06/04--01023--001 **\$61.25

SIGNATURE

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	MYERS, WILLIAM G
STREET ADDRESS	338 CYPRUS DR
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	VCD
NAME	YAROSH, SHIRLEY
STREET ADDRESS	3356 JACK DR
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	2VC
NAME	JONES, PAT
STREET ADDRESS	2100 N ATLANTIC AVE., #1209
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	SD
NAME	BYRON, J.J.
STREET ADDRESS	158 ST CROIX AVE
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	TD
NAME	MCDONALD, JACK
STREET ADDRESS	2100 N ATLANTIC AVE
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



Division of Corporations

Annual Report

Page 1

Document Number

N02000005098

Business Entity Name

CITIZENS ACTION COMMITTEE OF COCOA BEACH, INC.

FEI Number

542065088

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

PO BOX 321372

Suite, Apt. #, etc.

City, State

COCOA BCH

FL

Zip Code & Country

32932

Mailing Address

Address

PO BOX 321372

Suite, Apt. #, etc.

City, State

COCOA BCH

FL

Zip Code & Country

32932

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

KOSTRO

VICTOR

S

ESQUIRE

-or- RA Business Name

Address

1825 RIVERVIEW DR

Suite, Apt. #, etc.

City, State

MELBOURNE

FL

Zip Code & Country

32901

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



Division of Corporations

Annual Report

Page 2

Document Number

N02000005098

Business Entity Name

CITIZENS ACTION COMMITTEE OF COCOA BEACH, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

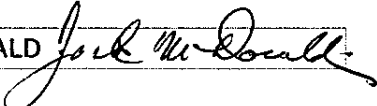
Name (Last, First, Middle, Title)

-or- Entity Name

Street Address	158 ST CROIX AVE		
City, State	COCOA BEACH	FL	
Zip Code & Country	32931		
Title	TD		
Name (Last, First, Middle, Title)	MCDONALD	JACK	
-or- Entity Name			
Street Address	2100 N ATLANTIC AVE		
City, State	COCOA BEACH	FL	
Zip Code & Country	32931		
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title	TD
Officer/Director Signature	JACK McDONALD 
<input type="button" value="Continue"/> <input type="button" value="Reset"/>	

[Sunbiz Home Page](#)

[Public Access Help](#)