

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

FILED

**Jan 07, 2005 08:00 AM
Secretary of State**

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



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2065088	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

**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.

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

000000173700
01/07/05-80029-007 61.25

**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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 4, 05 321-783-1224