

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2008 08:00 A**  
**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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

54-2065088

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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

TITLE ☐ Delete  
NAME **DC MYERS, WILLIAM G**  
STREET ADDRESS **338 CYPRUS DR**  
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ Delete  
NAME **VCD YAROSH, SHIRLEY**  
STREET ADDRESS **3356 JACK DR**  
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ Delete  
NAME **SD BYRON, J.J.**  
STREET ADDRESS **158 ST CROIX AVE**  
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ Delete  
NAME **TD MCDONALD, JACK**  
STREET ADDRESS **2100 N ATLANTIC AVE**  
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1100100363948  
04/03/08-80112-010 61.25**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Jack McDonald* JACK MCDONALD

3/12/08