
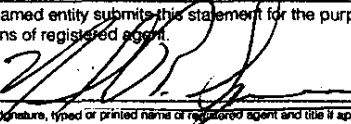
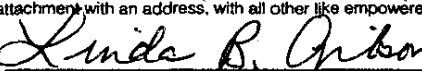


**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

**U.S. DEPARTMENT OF JUSTICE**

<b>DOCUMENT # N03000008427</b>						<b>Secretary of State</b> 05-03-2004 90654 004 ****61.25	
<b>1. Entity Name</b> THE COCOA BEACH ALUMNI ASSOCIATION EDUCATIONAL FOUNDATION, INC.							
<b>Principal Place of Business</b> P.O. BOX 320084 COCOA BEACH, FL 32932-0084				<b>Mailing Address</b> P.O. BOX 320084 COCOA BEACH, FL 32932-0084			
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b> SPENCER, NEIL 702 JAVA RD COCOA BEACH, FL 32931-3075				<b>7. Name and Address of New Registered Agent</b> Name: NEIL SPENCER Street Address (P.O. Box Number is Not Acceptable): 827 NASSAU ROAD City: COCOA BEACH FL Zip Code: 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.</b>							
SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable.				27 APRIL, 2004 DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>				<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<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		D <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		TUCKER, JULI		NAME			
STREET ADDRESS		2325 NEWFOUND HARBOR DR		STREET ADDRESS			
CITY-ST-ZIP		MERRITT ISLAND, FL 329522840		CITY-ST-ZIP			
TITLE		D <input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		CROLEY, MIA		NAME		VD	
STREET ADDRESS		443 JOHNSON AVE #304		STREET ADDRESS			
CITY-ST-ZIP		CAPE CANAVERAL, FL 329304912		CITY-ST-ZIP			
TITLE		D <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		MACCLEAVE, LINDA		NAME			
STREET ADDRESS		14208 SPRING GATE TER		STREET ADDRESS			
CITY-ST-ZIP		MIDLOTHIAN, VA 23112		CITY-ST-ZIP			
TITLE		P <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME		PD SPENCER, NEIL	
STREET ADDRESS				STREET ADDRESS		827 NASSAU ROAD	
CITY-ST-ZIP				CITY-ST-ZIP		COCOA BEACH, FL 32931	
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME		SD SHEARER, BILL	
STREET ADDRESS				STREET ADDRESS		1046 FAIRLAWN DRIVE	
CITY-ST-ZIP				CITY-ST-ZIP		ROCKLEDGE, FL 32955-3032	
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME		TD GIBSON, LINDA B.	
STREET ADDRESS				STREET ADDRESS		113 MCKINLEY AVENUE	
CITY-ST-ZIP				CITY-ST-ZIP		COCOA BEACH FL 32931	
<b>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.</b>							
SIGNATURE:  LINDA B. GIBSON				4/28/04 321-799-2870			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

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

As of 4/28/2004 *After month*  
Document #N03000008427

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JoAnne Bleichner  
355 Duet Avenue  
Merritt Island, FL 32952

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

Martha Ponson  
3620 S. Banana River Blvd. #C403  
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P.O. Box 2363  
Manhattan Beach, CA 90267-2363

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3222 High Point Drive  
Cocoa, FL 32926

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Merritt Island, FL 32952