2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008427

FILED Apr 15, 2005 Secretary of State

Entity Name: THE COCOA BEACH ALUMNI ASSOCIATION EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 320084 COCOA BEACH, FL 329320084 **Current Mailing Address: New Mailing Address:** P.O. BOX 320084 COCOA BEACH, FL 329320084 FEI Number: 04-3688197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPENCER, NEIL 827 NASSÁU ROAD COCOA BEACH, FL 32931 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition TUCKER, JULI TUCKER, JULI Name: Name: 2325 NEWFOUND HARBOR DR Address: 2190 REYNARD Address: City-St-Zip: MERRITT ISLAND, FL 329522840 City-St-Zip: MERRITT ISLAND, FL 329525578 Title: VD Title: () Delete () Change () Addition CROLEY, MIA Name: Name: Address: 443 JOHNSON AVE #304 Address: City-St-Zip: CAPE CANAVERAL, FL 329304912 City-St-Zip: Title: () Delete Title: () Change () Addition MACCLEAVE, LINDA Name: Name: 14208 SPRING GATE TER Address: Address: City-St-Zip: MIDLOTHIAN, VA 23112 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: SPENCER, NEIL Name: 827 NASSAU ROAD Address: Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition SHEARER, BILL BLEICHNER, JOANN Name: Name: 1046 FAIRLAWN DRIVE Address: Address: 355 DUET AVE MERRITT ISLAND, FL 32952 City-St-Zip: ROCKLEDGE, FL 329553032 City-St-Zip: Title: () Delete Title: (X) Change () Addition GIBSON, LINDA B TEIXEIRA, BRENDA Name: Name: Address: 113 MCKINLEY AVENUE Address: 3222 HIGH POINT DR COCOA BEACH, FL 32931 COCOA, FL 32926 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA TEIXEIRA TD 04/15/2005