

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008427

FILED
Feb 04, 2008
Secretary of State

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

Current Principal Place of Business:

2190 REYNARD PLACE
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 320084
COCOA BEACH, FL 32932

New Mailing Address:

FEI Number: 04-3688197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER, JULI
2190 REYNARD
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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:

Title: PRES () Delete
Name: TUCKER, JULI
Address: 2190 REYNARD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP () Delete
Name: CROLEY, MIA
Address: 443 JOHNSON AVE #304
City-St-Zip: CAPE CANAVERAL, FL 32932

Title: SEC () Delete
Name: BLEICHNER, JOANN
Address: 355 DUET AVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TRES () Delete
Name: TEIXEIRA, BRENDA
Address: 3222 HIGH POINT DR
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: BLEICHNER, JOANNE
Address: 355 DUET AVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JULIANNE S TUCKER

PRES

02/04/2008

Electronic Signature of Signing Officer or Director

Date