

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010383

FILED
Apr 30, 2008
Secretary of State

Entity Name: COCOA BEACH BAND BOOSTERS, INC.

Current Principal Place of Business:

1500 MINUTEMAN CAUSEWAY
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

1500 MINUTEMAN CAUSEWAY
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, YVONNE
5801 N. ATLANTIC AVE. APT. 709
APT 709
CAPE CANAVERAL, FL 32920 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: PD () Delete
Name: HESTER, RICHARD
Address: 1101 S ORLANDO AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: TD () Delete
Name: DAVIS, CLAUDIA
Address: 370 CAPRI ROAD
City-St-Zip: CAPE CANAVERAL, FL 32931

Title: SD () Delete
Name: QUANDT, BRION
Address: 1500 MINUTEMAN CAUSEWAY
City-St-Zip: COCOA BEACH, FL 32931

Title: VPD () Delete
Name: VICOS, DALE
Address: 1500 MINUTEMAN CAUSEWAY
City-St-Zip: COCOA BEACH, FL 32931

Title: VPD () Delete
Name: ROTH, ADRIENNE
Address: 1500 MINUTEMAN CAUSEWAY
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: MOSHER, DALE
Address: 1500 MINUTEMAN CSWY
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: YVONNE CAMPBELL

RA

04/30/2008

Electronic Signature of Signing Officer or Director

Date