


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90002 014 ****70.00

DOCUMENT # N05000002157 1. Entity Name COCOA BEACH DAYBREAK ROTARY CLUB FOUNDATION, INC.					
Principal Place of Business AIR, LAND AND SEA TRAVEL AGENCY 66 N ATLANTIC AVE COCOA BCH, FL 32931			Mailing Address AIR, LAND AND SEA TRAVEL AGENCY 66 N ATLANTIC AVE COCOA BCH, FL 32931		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAICHE, ROBERT E SR 1365 S ATLANTIC AVE UNIT 4 COCOA BCH, FL 32931				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSE, KAREN			NAME	
STREET ADDRESS	66 N ATLANTIC AVE			STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH, FL 32931			CITY-ST-ZIP	
TITLE	CPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, FRED			NAME	
STREET ADDRESS	355 CHERRY DR			STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH, FL 32937			CITY-ST-ZIP	
TITLE	SPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIELS, ROGER			NAME	
STREET ADDRESS	1730 HIDDEN LAKE DR			STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE, FL 32955			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUSEY, HOWARD			NAME	
STREET ADDRESS	190 PINELLAN LN APT 411			STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH, FL 32931			CITY-ST-ZIP	
TITLE	CD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, WAYNE			NAME	
STREET ADDRESS	316 KENT DR			STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH, FL 32931			CITY-ST-ZIP	
TITLE	CD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGEL, BAERBEL			NAME	
STREET ADDRESS	4945 ST JAMES AVE			STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32980			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.					
SIGNATURE: <i>Fred A. Bailey</i> FRED A. BAILEY 8/1/06 321-733-8547					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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4. FEI Number **54-2170372** Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required