


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90026 042 ****61.25

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 - No P.O. Box # CARRICK INSTITUTE of Graduate Studies		3. Mailing Address Cocoa Beach Daybreak Foundation, Inc.			
Suite, Apt. #, etc. 203-8941 Lake Dr.		Suite, Apt. #, etc. PO Box 320395			
City & State Cape Canaveral, FL		City & State Cocoa Beach, FL			
Zip 32920		Country USA		Zip 32932-0395	
Country USA		4. FEI Number 54-2170372			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RAICHE, ROBERT E SR 1365 S ATLANTIC AVE UNIT 4 COCOA BCH, FL 32931			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	DP BENISE, KAREN 66 N ATLANTIC AVE COCOA BCH, FL 32931	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BAILEY, FRED 355 CHERRY DR SATELLITE BCH, FL 32937	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPD MCDANIELS, ROGER 1730 HIDDEN LAKE DR ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRUSEY, HOWARD 190 PINELLAN LN APT 411 COCOA BCH, FL 32931	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WHITE, WAYNE 316 KENT DR COCOA BCH, FL 32931	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ANGEL, BAERBEL 4945 ST JAMES AVE TITUSVILLE, FL 32980	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD DR. Frederick Carrick 203-8941 Lake Dr. Cape Canaveral, FL 32920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPD Carolyn White 955 Date Ave. Morritt Island, FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 all other like empowered.					
SIGNATURE: Fred A. Bailey FRED A. BAILEY 01/29/08 321-773-8547 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					