

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR).

FILED

Mar 10, 2008 8:00 am
Secretary of State

02-07-2008 90031 013 ****61.25

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1st MOORE CR2E037 (10/07)

DOCUMENT # N07000001484					
1. Entity Name COCOA BEACH ROTARY FOUNDATION, INC.					
Principal Place of Business 200 N ATLANTIC AVE COCOA BEACH FL 32931			Mailing Address PO BOX 321344 COCOA BEACH FL 32932-1344		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26.1094099	
5. Certificate of Status Desired ☐				Applied For No: Applicable	
6. Name and Address of Current Registered Agent HENDERSIN, LARRY E 200 N ATLANTIC AVE COCOA BEACH FL 32931				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ Signature, print or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature is required when reappointing) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PD	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	PERESLUHA, EDMUND J		NAME	LARRY E HENDERSON	
STREET ADDRESS	15 AZALEA DR		STREET ADDRESS	1680 BAYSHORE DRIVE	
CITY-ST-ZIP	COCOA BEACH FL 32931		CITY-ST-ZIP	COCOA BEACH, FL. 32931	
TITLE	VPPD	☒ Delete	TITLE	UPPD	☒ Change ☐ Addition
NAME	HENDERSIN, LARRY E		NAME	PRITCHETT, LARRY W	
STREET ADDRESS	1680 BAYSHORE DR		STREET ADDRESS	5115 WILDBLWOOD AVE	
CITY-ST-ZIP	COCOA BEACH FL 32931		CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	
TITLE	SD	☒ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	PRITCHETT, LARRY W		NAME	ALEXANDER, JOHN	
STREET ADDRESS	5115 WILDBLWOOD AVE		STREET ADDRESS	1527 S ATLANTIC AVE # 401	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP	COCOA BEACH, FL. 32931	
TITLE	TD	☒ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	HEBERT, CHARLES K		NAME	TRAPNELL, ROBERT L.	
STREET ADDRESS	5200 OCEAN BEACH BLVD UNIT 214		STREET ADDRESS	425 PIERCE AVE # 410	
CITY-ST-ZIP	COCOA BEACH FL 32931		CITY-ST-ZIP	CARE CANAVERAL, FL 32920	
TITLE	PD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	MULBERRY, BRENDA		NAME		
STREET ADDRESS	6116 N COURTENAY PKWY		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WHITING, THEODORE R		NAME		
STREET ADDRESS	119 ESTHER DR		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:			ROBERT L. TRAPNELL JR		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1.31.08 321.917.5443		