2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2009
Secretary of State

DOCUMENT# N08000007292

Entity Name: THE NORTH COCOA CIVIC LEAGUE, INC.

Current Principal Place of Business:

4115 DEVOE AVE
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

PO BOX 217
SHARPES, FL 32959

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUTLER, WALTER
475 CANAVERAL GROOVE BLVD
COCOA, FL 32927 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:	P	( ) Delete
Name:	BUTLER, WALTER	
Address:	PO BOX 249	
City-St-Zip:	SHARPES, FL 32959	
Title:	V	( ) Delete
Name:	LEWIS, ROBERT L	
Address:	3680 W RAILROAD AVE	
City-St-Zip:	COCOA, FL 32926	
Title:	V	( ) Delete
Name:	ALLEN, GEORGE T	
Address:	PO BOX 192	
City-St-Zip:	SHARPES, FL 32959	
Title:	ST	( ) Delete
Name:	WASHINGTON, ANNIE L	
Address:	PO BOX 32	
City-St-Zip:	SHARPES, FL 32959	
Title:	S	( ) Delete
Name:	JONES, DENISE L	
Address:	405 PRATT PLACE	
City-St-Zip:	COCOA, FL 32927	

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:	

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: WALTER BUTLER P 07/10/2009

Electronic Signature of Signing Officer or Director — Date