

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 06, 2005
Secretary of State

DOCUMENT# N38052

Entity Name: THE HISTORIC COCOA VILLAGE ASSOCIATION, INC.**Current Principal Place of Business:**430 DELANNEY
P.O. BOX 1
COCOA, FL 32923 US**New Principal Place of Business:****Current Mailing Address:**P. O. BOX #1
P.O. BOX 1
COCOA, FL 32923 US**New Mailing Address:****FEI Number:** 59-3019206**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WHARTON, JOHN C JR
430 DELANNOY AVENUE
COCOA, FL 32922 US**Name and Address of New Registered Agent:**CHARLTON, PHILLIP A
302 BREVARD AVE
COCOA, FL 32922 US

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: PHILLIP A CHARLTON

06/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: THEILACKER, CINDY
Address: P.O. BOX 1
City-St-Zip: COCOA, FL 32923**Title:** VPD () Delete
Name: PRUETT, DEBRA
Address: 415 BREVARD AVE.
City-St-Zip: COCOA, FL 32923**Title:** SD () Delete
Name: PAGE, JANET
Address: 419 BREVARD AVE.
City-St-Zip: COCOA, FL 32923**Title:** TD () Delete
Name: STEWART, JANET
Address: 425 BREVARD AVE.
City-St-Zip: COCOA, FL 32922**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: ADAMSON, JAN
Address: 405 BREVARD AVE
City-St-Zip: COCOA, FL 32922**Title:** VPD (X) Change () Addition
Name: MCNAMARA, RANDY
Address: 625 BREVARD AVE
City-St-Zip: COCOA, FL 32923**Title:** SD (X) Change () Addition
Name: BAILEY, KATHLEEN
Address: 304 BREVARD AVE
City-St-Zip: COCOA, FL 32922**Title:** TD (X) Change () Addition
Name: DURKEE, JOHN
Address: 310A BREVARD AVE
City-St-Zip: COCOA, FL 32922

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: OLIVIA S CHARLTON

LO

06/06/2005

Electronic Signature of Signing Officer or Director

Date