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

**FILED**
**Feb 07, 2008 8:00 am**
**Secretary of State**
02-07-2008 90031 024 ****61.25

DOCUMENT # N93000000649

1. Entity Name

ROTARY CLUB OF COCOA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1519 CLEARLAKE ROAD<br>BREVARD COMMUNITY COLLEGE<br>COCOA FL 32922 | P.O. BOX 244<br>COCOA FL 32923-0244 |

1st MOORE CR2E037 (10/07)

| 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 59-3185115 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DELEO, JOSEPH E<br>1081 KINGFISHER WAY<br>ROCKLEDGE FL 32955 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCHNCK, JAY<br>3815 INDIAN RIVER DRIVE<br>COCOA FL 32926 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCCARTHY, BILL<br>3640 WOOD DUCK DR<br>MIMS FL 32754 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FAYER, GEORGE<br>66 HILLTOP LANE<br>ROCKLEDGE FL 32955 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>Bill Carey<br>4400Woodhaven Dr.<br>Melbourne, Fl. 32935 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LAROCHE, CHARLES W JR<br>200 S SYKES CR PKWY 104-A<br>MERRITT ISLAND FL 32952 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DELEO, JOSEPH E<br>1970 MICHIGAN AVE<br>COCOA FL 32926 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HARE, PATRICIA<br>5731 PEACOCK LANE<br>TITUSVILLE FL 32780 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Charles W. LaRoche Charles W. LaRoche, Jr. 2-1-08 321-449-4064