2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000649

Entity Name: ROTARY CLUB OF COCOA, INC.

FILED Mar 05, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	RLAKE ROAD COMMUNITY COLLEGE L 32922				
Current Mailing Address:			New Mailing Address:		
P.O. BOX 2 COCOA, F	244 L 329230244				
FEI Number:	59-3185115 FEI Numbe	r Applied For() FEI Nu	mber Not Appl	licable () Certificate of Status Desired	() t
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	OSEPH E FISHER WAY GE, FL 32955 US		DELEO, JO 5119 DUSC ROCKLED		
The above in the State		statement for the purpose of	of changing i	ts registered office or registered agent, o	or both,
SIGNATURE:			03/05/2009		
	Electronic Signature	of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIR	ECTORS:
Title: Name: Address: City-St-Zip:	D () Delete SCHNCK, JAY 3815 INDIAN RIVER DRIVE COCOA, FL 32926		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete MCCARTHY, BILL 3640 WOOD DUCK DR MIMS, FL 32754		Title: Name: Address: City-St-Zip:	D (X) Change () Addition PICKENS, BILL 3075 LANTERN CT. TITUSVILLE, FL 32796	
Title: Name: Address: City-St-Zip:	D () Delete CAREY, BILL 4400 WOODHAVEN DR MELBOURNE, FL 32935		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete LAROCHE, CHARLES W JR 200 S SYKES CR PKWY 104 MERRITT ISLAND, FL 32952		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete DELEO, JOSEPH E 1970 MICHIGAN AVE COCOA, FL 32926		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete HARE, PATRICIA 5731 PEACOCK LANE TITUSVILLE, FL 32780		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CHARLES W. LAROCHE, JR. TREA 03/05/2009