

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90068 001 ***122.50

DOCUMENT # N97000006886

1. Entity Name

THE COCOA ROTARY FOUNDATION, INC.



Principal Place of Business

PO BOX 244
COCOA FL 32923-0244
US

Mailing Address

P.O. BOX 244
COCOA FL 32922-0244
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3503301

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

DE LEO, JOSEPH E
2321 STONEBRIDGE DR.
ROCKLEDGE FL 32955

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, 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, 2006

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DELEO, JOSEPH	
STREET ADDRESS	2321 STONEBRIDGE DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, BUD	
STREET ADDRESS	104 RIVERSIDE DRIVE #201	
CITY-ST-ZIP	COCOA FL 32922	

TITLE	D	<input type="checkbox"/> Delete
NAME	FAYER, GEORGE	
STREET ADDRESS	66 HILLTOP LN.	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

TITLE	D	<input type="checkbox"/> Delete
NAME	LAROCHE, JR., CHARLES W	
STREET ADDRESS	200 S. SYKES CR. PKWY. 104A	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANDERSON, JR., LEONARD G	
STREET ADDRESS	3630 KILLDEER CT.	
CITY-ST-ZIP	MELBOURNE FL 32904	

TITLE	D	<input type="checkbox"/> Delete
NAME	KRUEGER, GARY	
STREET ADDRESS	C/O TLC 870 DIXON BLVD.	
CITY-ST-ZIP	COCOA FL 32922	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fettrow, Brenda	
STREET ADDRESS	6745 Hartford Rd.	
CITY-ST-ZIP	Cocoa, FL 32927	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCarthy, Bill	
STREET ADDRESS	3640 Wood Duck Dr.	
CITY-ST-ZIP	MIMS, FL. 32754	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Handwritten Signature]*