

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

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90031 023 ****61.25

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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 1081 Kingfisher Way
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 restoring.)

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

TITLE	D	☐ Delete
NAME	DELEO, JOSEPH	
STREET ADDRESS	2321 STONEBRIDGE DR	
CITY-STATE-ZIP	ROCKLEDGE FL 32955	
TITLE	D	☐ Delete
NAME	SCHENCK, JAY	
STREET ADDRESS	3815 INFIAN RIVER DR.	
CITY-STATE-ZIP	COCOA FL 32926	
TITLE	D	☒ Delete
NAME	FAYER, GEORGE	
STREET ADDRESS	66 HILLTOP LN.	
CITY-STATE-ZIP	ROCKLEDGE FL 32955	
TITLE	D	☐ Delete
NAME	LAROCHE, JR., CHARLES W	
STREET ADDRESS	200 S. SYKES CR. PKWY. 104A	
CITY-STATE-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	☐ Delete
NAME	MCCARTHY, BILL	
STREET ADDRESS	3640 WOOD DUCK DR	
CITY-STATE-ZIP	MIMS FL 32754	
TITLE	D	☐ Delete
NAME	HARE, PATRICIA	
STREET ADDRESS	5731 PEACOCK LN.	
CITY-STATE-ZIP	TITUSVILLE FL 32780	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	Bill Carey	
STREET ADDRESS	4400 Woodhaven Dr.	
CITY-STATE-ZIP	Melbourne, FL 32935	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

Charles W. La Roche Jr.

Charles W. La Roche Jr. 321 449-4064