

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006886

**Entity Name:** THE COCOA ROTARY FOUNDATION, INC.**Current Principal Place of Business:**1519 CLEARLAKE RD.  
EASTERN FLORIDA STATE COLLEGE  
COCOA, FL 32922**Current Mailing Address:**P.O. BOX 244  
COCOA, FL 32923-0244 US**FEI Number: 59-3503301****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DE LEO, JOSEPH E  
5119 DUSON WAY  
ROCKLEDGE, FL 32955 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D, PRESIDENT
Name	WEBB, CHRIS
Address	4780 DECATUR CIRCLE
City-State-Zip:	MELBOURNE FL 32934
Title	D, TREASURER
Name	NELSON, DIANA
Address	2550 BLUE RIDGE AVE
City-State-Zip:	COCOA FL 32926
Title	DIRECTOR
Name	CLIFTON, THERESA
Address	4990 SCARLETT AVENUE
City-State-Zip:	COCOA FL 32926
Title	DIRECTOR
Name	BRUBAKER, DAVID
Address	7570 PATTI DRIVE
City-State-Zip:	MERRITT ISLAND FL 32953

Title	D, SECRETARY
Name	CHERRY, TONYA
Address	102 RIVERSIDE DRIVE #701
City-State-Zip:	COCOA FL 32922
Title	DIRECTOR
Name	FAYER, GEORGE
Address	66 HILLTOP DRIVE
City-State-Zip:	ROCKLEDGE FL 32955
Title	DIRECTOR
Name	FRISWELL, DONNA
Address	8031 KINGSWOOD WAY
City-State-Zip:	MELBOURNE FL 32940

I hereby 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 all other like empowered.

**SIGNATURE: DIANA NELSON****TREASURER****03/05/2023**

Electronic Signature of Signing Officer/Director Detail

Date