

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(1) and 106.021(1), F.S.)

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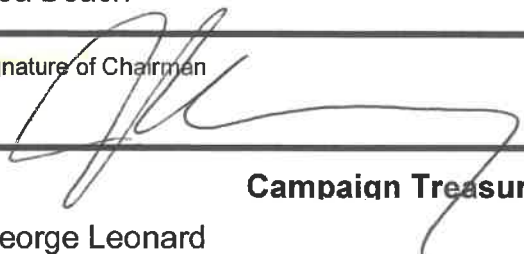
AUG 14 2018

**COCOA BEACH  
FLORIDA**

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

1. Committee or Organization Protect & Preserve Cocoa Beach		2. Telephone (321 ) 480-5840	
3. Name of Treasurer or Deputy Treasurer George Leonard		4. Email (optional) george@lgcpafirm.com	
5. Telephone (optional) (321 ) 799-1691			
6. Mailing Address P.O. Box 320106, Cocoa Beach, FL 32932-0106			
7. Street Address 1485 N. Atlantic Ave., Sute 102, Cocoa Beach, FL 32931			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank Sunrise Bank		10. Street Address 5604 N. Atlantic Ave.	
11. City Cocoa Beach		12. State FL	13. Zip Code 32931
14. Signature of Chairman 		15. Name of Chairman (Print or Type) James Emory	

**Campaign Treasurer's Acceptance of Appointment**

I, George Leonard, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for Protect & Preserve Cocoa Beach  
(Committee or Organization)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

8/9/18  
Date

  
Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**  
(Section 106.022, F.S.)

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AUG 15 2018

**COCOA BEACH  
FLORIDA**

Original Appointment       Change of Appointment  
 Change of Mailing Address       Change of Physical Address

**Registered Agent and Office Information**

Name Adam M. Fetterman		Telephone 772-202-3261
Street Address 240 NW Peacock Blvd., Suite 302		
City Port St. Lucie	State FL	Zip Code 34986
Mailing Address 10380 SW Village Center Dr., #328		
City Port St. Lucie	State FL	Zip Code 34987

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

  
Signature of Registered Agent


8/8/18  
Date

**Former Registered Agent and Office Information (for changes only)**

Name		Telephone
Street Address		
City	State	Zip Code

**Committee or Organization Information**

Name of Committee or Organization Protect & Preserve Cocoa Beach		Telephone 321-480-5840
Street Address 1485 N. Atlantic Ave., #102		Zip Code 32931
City Cocoa Beach	State FL	Zip Code 32931

  
Signature of Chairperson

James Emory  
Printed Name of Chairperson

8/9/18  
Date

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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AUG 14 2018

**COCOA BEACH**

**1. Full Name of Committee**

Protect & Preserve Cocoa Beach

**FLORIDA** phone  
321-480-5840

Mailing Address (include city, state and zip code)

P.O. Box 320106, Cocoa Beach, FL 32932-0106

Street Address (include city, state and zip code)

1485 N. Atlantic Ave., #102, Cocoa Beach, FL 32931

**2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)**

Name of Affiliated or Connected Organization	Mailing Address	Relationship
none		

**3. Area, Scope and Jurisdiction of the Committee**

Support for ordinance change in Cocoa Beach

**4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)**

ballot initiative

**5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)**

Full Name	Mailing Address	Committee Title or Position
George Leonard	1485 N. Atlantic Ave., #102, Cocoa Beach, FL 32931	Treasurer

**6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)**

Full Name	Mailing Address	Committee Title or Position
James Emory	P.O. Box 320106, Cocoa Beach, FL 32932-0106	Chair
John Alexander	P.O. Box 320106, Cocoa Beach, FL 32932-0106	Vice-Chair

**7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)**

Full Name	Mailing Address	Office Sought	Party
n/a			

**8. List Any Issues this Committee is Supporting:** Ordinance change in Cocoa Beach

**List Any Issues this Committee is Opposing:** none

**9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party**

n/a

**10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?**

Contribution to organization declared tax exempt under Section 501(c)3 of the Internal Rev. Code

**11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds**

Name of Bank or Depository & Account Number	Mailing Address
Sunrise Bank	5604 N. Atlantic Ave., Cocoa Beach, FL 32931

**12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any**

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
Form 1096	January 2019	IRS	Dept of Treasury Internal Rev. Serv. Ctr. Austin, TX 73301
Form 1099-Misc	January 2019	IRS	

STATE OF Florida Brevard COUNTY

I, James Emory, certify that the information in this Statement of Organization is complete, true and correct.

**RECEIVED**

**CITY CLERK'S OFFICE**

**X**

Signature of Chairman of Political Committee

AUG 14 2018

8/9/18

Date