2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/30/2025

General Information

Name: Michael C Blake

PID 96328

AGENCY INFORMATION

Organization	Suborganization	Title
City of Cocoa	Mayor And City Council	Mayor

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
FRS	2724 Ox Bottom Road Tallahassee, Fl 32312	Florida Retirement System
Social Security	310 Canaveral Groves Blvd Cocoa, Fl 32926	Social Security
City of Cocoa	65th Stone Str. Cocoa, Fl 32922	Municipal Government
Fla Municipal Insurance Trust	135 East Colonial Dr. Orlando, Fl 328	Board of Trustee

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Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
710 Prospect Ave Cocoa, Fl. 32922
700 STONE ST COCOA FL 32922
724 THOMAS LN COCOA FL 32922
726 THOMAS LN COCOA FL 32922

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
MUTUAL FUND	CHARLES SCHWAB
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SAVINGS ACCOUNT	LAUNCH FEDERAL CREDIT UNION

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Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

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Signature of Filer

Michael C Blake

Digitally signed: **06/30/2025**

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