FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:44

DOCUMENT # **707356** **(2)**

1. Corporation Name
COCOA-ROCKLEDGE WOMAN'S LEAGUE, INC.

Principal Place of Business	Mailing Address
1025 FLORIDA AVE. P.O.BOX 1153 (COCOA, FL) COCOA FL 32923-1153	1025 FLORIDA AVE. P.O.BOX 1153 (COCOA, FL) COCOA FL 32923-1153

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/26/1964**
3a. Date of Last Report: **02/24/1994**
4. FEI Number: **59-0673916** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LIEVENS, VIRGINIA
1301 N. HUNTINGTON LANE
ROCKLEDGE FL 32955-2608

10. Name and Address of New Registered Agent

81 Name: Genevieve Pettigrew
82 Street Address (P.O. Box Number is Not Acceptable): 1016 Green Rd.
83
84 City: Rockledge FL 85 Zip Code: 32955

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: GENEVIEVE PETTIGREW Genevieve Pettigrew PRES. 3/3/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P Dottie Kunkle	☒ Change ☐ Addition
NAME	KUNKLE, DOTTIE	12 NAME	115 N. Indian River Dr.	
STREET ADDRESS	115 N. INDIAN RIVER DR., SUITE 105	13 STREET ADDRESS	Cocoa, Fla. 32922	
CITY-ST-ZIP	COCOA FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VD Norena Kiser	☒ Change ☐ Addition
NAME	STROMIRE, MARY	22 NAME	20 Vermont Ave.	
STREET ADDRESS	3821 N. INDIAN RIVER DR.	23 STREET ADDRESS	Rockledge, Fla. 32955	
CITY-ST-ZIP	COCOA FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	V Barbari Fisher	☒ Change ☐ Addition
NAME	HILL, AMELIA	32 NAME	545 East Gateway Ct/	
STREET ADDRESS	343 N. TROPICAL TR #204	33 STREET ADDRESS	Merritt Island, Fla. 32952	
CITY-ST-ZIP	MERRITT ISLAND FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE	S Marianne Wright	☒ Change ☐ Addition
NAME	GREENLAND, URSA	42 NAME	30 Oakwood Ave.	
STREET ADDRESS	1025 ROCKLEDGE DR., APT. 208	43 STREET ADDRESS	Rockledge, Fla. 32955	
CITY-ST-ZIP	ROCKLEDGE FL	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE	TD Genevieve Pettigrew	☒ Change ☐ Addition
NAME	LIEVENS, VIRGINIA	52 NAME	1016 Green Rd.	
STREET ADDRESS	1301 N HUNTINGTON LANE	53 STREET ADDRESS	Rockledge, Fla. 32955	
CITY-ST-ZIP	ROCKLEGE FL	54 CITY-ST-ZIP		
TITLE	CD	61 TITLE	CD San Barnhart	☒ Change ☐ Addition
NAME	FISHER, BARBARA	62 NAME	1265 Leslie Dr.	
STREET ADDRESS	545 EAST GATE WAY COURT	63 STREET ADDRESS	Merritt Island, Fla. 32952	
CITY-ST-ZIP	MERRITT ISLAND FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Genevieve Pettigrew 3/3/95 407-636-0411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035644