FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 05/26/1964
3a. Date of Last Report: 03/30/1995

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

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

GENEVIEVE PETTIGREW
1016 GREEN RD.
ROCKLEDGE FL 32955-2608

10. Name and Address of New Registered Agent

81 Name: Barbara A. Fisher
82 Street Address (P.O. Box Number is Not Acceptable): 545 E. GAteWay Ct.
83
84 City: Merritt Island FL 85 Zip Code: 32952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Barbara A. Fisher Treasurer Barbara A. Fisher Feb. 27, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KUNKLE, DOTTIE 115 N. INDIAN RIVER DR., SUITE 105 COCOA FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NORENA KISER 20 VERMONT AVE ROCKLEDGE FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BARBARA FISHER 545 EAST GATEWAY CT MERRITT ISLAND FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARIANNE WRIGHT 30 OAKWOOD AVE ROCKLEDGE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GENEVIEVE PETTIGRE 1016 GREEN RD. ROCKLEGE FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SAN BARNHART 1265 LESLIE DR MERRITT ISLAND FL	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P URSA Greenland 1025 Rockledge Dr #208 Rockledge, Fl 32955	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD MARTHA ANN Park 1117 Indian River Dr Cocoa, Fl 32922	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD	☒ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	V Virginia Wright 115 Indian River Dr #123 Cocoa, Fl 32922	☒ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: Barbara A Fisher Feb. 27, 1996 407 453-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036448