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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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: 03/11/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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

9. Name and Address of Current Registered Agent

FISHER, BARBARA A
545 E GATEWAY CT.
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	GREENLAND, URSA		1.2 NAME	MARY CAMPBELL STROMIRE	
STREET ADDRESS	1025 ROCKLEDGE DRIVE #208		1.3 STREET ADDRESS	N. INDIAN RIVER DR.	
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP	SHARPES, FL 32959	
TITLE	VD	☐ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	PARK, MARTHA ANN		2.2 NAME	ISABEL ADAMSON	
STREET ADDRESS	1117 INDIAN RIVER DIRVE		2.3 STREET ADDRESS	4 N. FERNWOOD DR.	
CITY-ST-ZIP	COCOA FL		2.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	TD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BARBARA FISHER		3.2 NAME	DOTTIE KUNKLE	
STREET ADDRESS	545 EAST GATEWAY CT		3.3 STREET ADDRESS	115 INDIAN RIVER DR. #105	
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP	COCOA, FL 32922	
TITLE	S	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARIANNE WRIGHT		4.2 NAME		
STREET ADDRESS	30 OAKWOOD AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		4.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, VIRGINIA		5.2 NAME		
STREET ADDRESS	115 INDIAN RIVER DIRVE #123		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		5.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SAN BARNHART		6.2 NAME		
STREET ADDRESS	1265 LESLIE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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. Barbara A. Fisher