2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 A
Secretary of State

DOCUMENT # 707356

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

Principal Place of Business	Mailing Address
MARTIN ANDERSEN SR. CTR. 1025 S. FLORIDA AVENUE ROCKLEDGE, FL 32955	PO BOX 1153 COCOA, FL 32922

01302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0673916
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WORLEY, ELIZABETH A
460 SOUTH BANAN RIVER DRIVE
MERRITT ISLAND, FL FL329-52

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000943077
05/29/08-80044-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALLEN, JACQUELINE H.
STREET ADDRESS	2135 N. COURTNEY PKWY #F248
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	V
NAME	BARNHART, SARAH
STREET ADDRESS	845 S. TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	V
NAME	BUNGE, PATRICIA
STREET ADDRESS	5020 YORKSHIRE ROAD
CITY-ST-ZIP	COCOA, FL 32926
TITLE	RS
NAME	WRIGHT, MARIANNE
STREET ADDRESS	56 HILL TOP LANE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	CS
NAME	FIKE, SARA
STREET ADDRESS	115 INDIAN RIVER DRIVE #118
CITY-ST-ZIP	COCOA, FL 32922
TITLE	T
NAME	WORLEY, ELIZABETH A
STREET ADDRESS	460 SOUTH BANANA RIVER DRIVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 03/29/08 321-453-7847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #