

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:21

DOCUMENT # 710972 (1)

1. Corporation Name

COMMUNITY WOMAN'S CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
5 POINSETT DRIVE 5 POINSETT DRIVE
P.O. BOX 1043 P.O. BOX 1043
COCOA FL 32923 COCOA FL 32923

3. Date Incorporated or Qualified 05/31/1966	3a. Date of Last Report 01/20/1994
4. FBI Number 59-6158814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

HOUDYSHELL, BERTA
145 AUGUSTA WAY
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name MARIE SEARLE
82 Street Address (P.O. Box Number is Not Acceptable)
580 CANAVERAL GROVES BLVD.
83
84 City COCOA FL 85 Zip Code 32926

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 Marie Searle MARIE SEARLE PRES. DATE 1/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOUDYSHELL, BERTA
STREET ADDRESS	145 AUGUSTA WAY
CITY-ST-ZIP	MELBOURNE FL
TITLE	VD
NAME	LEMANSKI, EVELYN
STREET ADDRESS	995 NICKLAUS DR.
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	SD
NAME	BIGELOW, HILDA
STREET ADDRESS	1163 INDIAN RIVER DR.
CITY-ST-ZIP	COCOA FL
TITLE	T
NAME	CURRAN, ROSE
STREET ADDRESS	4810 SHERRY LANE
CITY-ST-ZIP	COCOA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARIE SEARLE	
1.3 STREET ADDRESS	580 CANAVERAL GROVES BLVD.	
1.4 CITY-ST-ZIP	COCOA, FL 32926	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SUE LIVINGSTON	
4.3 STREET ADDRESS	8715 CAMELIA CT.	
4.4 CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(d), 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 or changed, or on an attachment with an address.

SIGNATURE: Marie Searle PRESIDENT 1/13/95 (407) 639-4193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR