2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment y

SIGNATURE:

FILED Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # 710972** 1. Entity Name COMMUNITY WOMAN'S CLUB, INC. 02-01-2000 90064 020 ****61.25 Mailing Address Principal Place of Business 5 POINSETT DRIVE 5 POINSETT DRIVE P.O. BOX 1043 P.O. BOX 1043 COCOA FL 32923-1043 COCOA FL 32923 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-6158814 Not Applicable \$8,75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Darthy V.S. Mc Afee Street Address (P.O. Box Number is Not Acceptable) 1212 Japonica Lane RYDER, JEANNE 1120 EL DORADO DR Cocoa, Fl. 32922 **ROCKLEDGE FL 32955** City Zip Code Florida 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 Darthy, ſ۷. s. Signature, typed or printed name of egistered agent and title if applica (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Astie Viger Pres. Change ☐ Addition TITLE Delete NAME NAME MCAFEE, DOROTHY 580 Canaveral Groves Blvd. STREET ADDRESS STREET ADDRESS 1212 JAPONICA LANE Cocoa, F1. 32926 CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32922 Change ☐ Addition Delete TITLE TITLE ٧D 2nd. Vise Pres. NAME NAME BERGER. NELLIE Dorothy Bowley STREET ADDRESS STREET ADDRESS 304 EDINBURGH DRIVE 47 Grandview Blvd. CITY-ST-ZIP-CITY+ST-ZIP 🖘 COCOA FL 32922 Cocoa Fi ~3′2′9′2′2~~ ☐ Change Addition SD ☐ Delete TITLE NAME **BIGELOW, HILDA** STREET ADDRESS STREET ADDRESS 1163 INDIAN RIVER DR. CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32922 Change ☐ Addition Delete TITLE TITLE TD NAME THORNEWELL, LYN STREET ADDRESS STREET ADDRESS 115 N. INDIAN RIVER DRIVE #417 CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32922 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I 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 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 quiecus of the corporation or the receiver of pustee expressive and that my name appears in Block 10 or Block 11 of Block 11 in the pust of the corporation or other receivers and that my name appears in Block 10 or Block 11 in the pust of the corporation of the pust with all that little report of the pust of the pust with all that little report of the pust of t

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