


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90436 046 \*\*\*\*61.25

<b>DOCUMENT # 710972</b>					
1. Entity Name COMMUNITY WOMAN'S CLUB, INC.					
Principal Place of Business 5 ROSA L. JONES DRIVE COCOA, FL 32922		Mailing Address P.O. BOX 1043 COCOA, FL 32922			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04282004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-6158814	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCAFEE, DARTHY V 1212 JAPONICA LN COCOA, FL 32922			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAFEE, DARTHY V		NAME	Pope, Jean	
STREET ADDRESS	1212 JAPONICA LN		STREET ADDRESS	2465 Raintree Circle Dr	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICH, MARTI		NAME	Cooley, Marilou	
STREET ADDRESS	1392 WALTON HEATH CT		STREET ADDRESS	13 S Hardee Circle	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URSSING, MELBA		NAME	McAfee, Dorthy V.	
STREET ADDRESS	55 RIVERSIDE DR.		STREET ADDRESS	1212 Japonica Lane	
CITY-ST-ZIP	COCOA, FL 32922		CITY-ST-ZIP	Cocoa, FL 32922	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYDER, JEANNE		NAME	Beckner, Florene	
STREET ADDRESS	1120 ELDORADO DR		STREET ADDRESS	5 Rosa Jones Street	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	Cocoa, FL 32922	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEARLE, MARILYN		NAME	Aude', Sherry	
STREET ADDRESS	630 KUREK COURT #297		STREET ADDRESS	649 Rockledge Drive	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, JEAN		NAME		
STREET ADDRESS	2465 RAIN TREE, CIRCLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		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 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: <i>Martha Rich</i>		MARTHA RICH Martha Rich, Treasurer		April 29, 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	