



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90177 002 ****61.25

DOCUMENT # 710972					
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			
Zip	Country	Zip	Country	4. FEI Number 59-6158814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		50047999  04302005 Chg-NP CR2E037 (10/03)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCAFFEE, 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 <i>Dorthy V. S. McFee</i>		5-02-05		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POPE, JEAN <i>JK</i> 2465 RAIN TREE CIR. DR. MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ad. Aude' Sharly 649 Rockledge, Fl. 32955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICH, MARTI 1392 WALTON HEATH CT ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Urssing Melba 55 Riverside Dr. Rockledge, Fl. 32922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCAFFEE, DARTHY V 1212 JAPONICA LANE COCOA, FL 32922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BECKNER, FLORENE 5 ROSA JONES ST. <i>1223 Salmonberry Place</i> COCOA, FL 32922 <i>Rockledge, Fl. 32955</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COSLEY, MARLOU 13 S HARDEE CIR. ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POPE, JEAN <i>JK</i> 2465 RAIN TREE CIRCLE DRIVE MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>Dorthy McFee</i>		5-102/05		321-632-9109	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	