


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90025 038 \*\*\*\*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		4. FEI Number 59-6158814	
Zip		Country		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		
MCAFFEE, DARTHY V 1212 JAPONICA LN COCOA, FL 32922			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POPE, JEAN		NAME	Cooley, Marilou	
STREET ADDRESS	2465 RAINTREE CIR. DR.		STREET ADDRESS	135 Hardee Circle	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICH, MARTI		NAME	Wilson, Betty	
STREET ADDRESS	1392 WALTON HEATH CT		STREET ADDRESS	P O Box 986	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	Cocoa, FL 32923-0986	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAFFEE, DARTHY V		NAME	Aude, Sherry	
STREET ADDRESS	1212 JAPONICA LANE		STREET ADDRESS	649 Rockledge Drive	
CITY-ST-ZIP	COCOA, FL 32922		CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKNER, FLORENE		NAME	Urssing, Melba	
STREET ADDRESS	1223 SALMONBERRY PLACE		STREET ADDRESS	55 Riverside Drive	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	Cocoa, FL 32922	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARRY, AD AUDE		NAME		
STREET ADDRESS	649 RIVERSIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URSSING, MELBA		NAME		
STREET ADDRESS	55 RIVERSIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32922		CITY-ST-ZIP		
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: <u>Betty M. Wilson</u> Betty M. Wilson			Date: <u>Jan. 16, 2006</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		