


FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90097 010 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent MCAFEE, DARTHY V 1212 JAPONICA LN COCOA, FL 32922		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
Signature, typed or printed name of registered agent and title if applicable.		DATE	



01172007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-6158814** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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.

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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 POPE, JEAN	TITLE	PD Dartny McAfee
NAME		NAME	1212 Japonica Lane
STREET ADDRESS	2465 RAIN TREE CIR. DR.	STREET ADDRESS	Cocoa, FL 32922
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD WILSON, BETTY	TITLE	VD Mildred Williams
NAME		NAME	1705 Cambridge Drive
STREET ADDRESS	PO BOX 986	STREET ADDRESS	Cocoa, FL 32922
CITY-ST-ZIP	COCOA, FL 329230896	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD AUDE, SHERRY	TITLE	VD Louden Linda Loren
NAME		NAME	547 Delannoy Avenue
STREET ADDRESS	649 ROCKLEDGE DR	STREET ADDRESS	Cocoa, FL 32922
CITY-ST-ZIP	ROCKLEDGE, FL 32955	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD URSSING, MELBA	TITLE	SD Jeanne Ryder
NAME		NAME	1120 El Dorado Drive
STREET ADDRESS	55 RIVERSIDE DR	STREET ADDRESS	Rockledge, FL 32955
CITY-ST-ZIP	COCOA, FL 32922	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD SHARRY, AD AUDE	TITLE	SD Carmel Murico
NAME		NAME	442 Wentthrop Circle
STREET ADDRESS	649 RIVERSIDE DRIVE	STREET ADDRESS	Rockledge, FL 32955
CITY-ST-ZIP	ROCKLEDGE, FL 32955	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD URSSING, MELBA	TITLE	
NAME		NAME	
STREET ADDRESS	55 RIVERSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE, FL 32922	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Betty M. Wilson Betty Wilson Jan 18, 2007 (321) 639-4193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #