

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90115 003 ****61.25

DOCUMENT # 710972

1. Entity Name
COMMUNITY WOMAN'S CLUB, INC.



Principal Place of Business
5 POINSETT DRIVE 5 Rosa L. Jones Dr.
P.O. BOX 1043
COCOA FL 32923

Mailing Address
5 POINSETT DRIVE
P.O. BOX 1043
COCOA FL 32923

2. Principal Place of Business
5 Rosa L. Jones Drive

3. Mailing Address
P. O. Box 1043

Suite, Apt. #, etc.

City & State
Cocoa, FL

City & State
Cocoa, FL

Zip
32922

Country
Brevard

Zip
32923-1043

Country
Brevard

4. FEI Number **59-6158814**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

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

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 *Darthy McAfee* (NOTE: Registered Agent signature required when reinstating) DATE **1-28-03**

FILE NOW: FEE IS \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCAFEE, DARTHY V 1212 JAPONICA LN ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AUDE, SHERRY 649 ROCKLEDGE DR ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD URSSING, MELBA 55 RIVERSIDE DR. COCOA FL 32922	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERMAN, PAT 115 N. INDIAN RIVER DRIVE #417 COCOA FL 32922	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEAKLE, MARIA 580 CANAVERAL GROVES COCOA FL 32926	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POPE, JEAN 2465 RAIN TREE CIRCLE DRIVE MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McAfee, Darthy V. 1212 Japonica LN Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rich, Marti 1392 Walton Heath Ct. Rockledge, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Urssing, Melba 55 Riverside Dr., #204 Cocoa, FL 32922	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ryder, Jeanne 1120 Eldorado Dr. Rockledge, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Searle, Marilyn 630 Kurek Court #297 Merritt Island, FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: *Marti Rich, Treasurer* **REQUIRED** 03 March 2003

CR2E037 (10/02)