

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90035 040 ****61.25

DOCUMENT # 707356

1. Entity Name

COCOA-ROCKLEDGE WOMAN'S LEAGUE, INC.

Principal Place of Business

Mailing Address

1025 FLORIDA AVE.
P.O.BOX 1153 (COCOA, FL.)
COCOA FL 32923-1153

1025 FLORIDA AVE.
P.O.BOX 1153 (COCOA, FL.)
COCOA FL 32923-1153

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

59-0673916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WRIGHT, MARIANNE
56 HILL TOP LN
ROCKLEDGE FL 32955

Name

GILLIS, VICTORIA

Street Address (P.O. Box Number is Not Acceptable)

12 SUNRISE ST

City

COCOA

FL

Zip Code

32922

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.

SIGNATURE

Victoria C. Gillis - Marianne Wright **2-23-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, MARIANNE	
STREET ADDRESS	56 HILL TOP LN	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GILLIS, VICTORIA	
STREET ADDRESS	12 SUNRISE ST	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WEBB, LYNN	
STREET ADDRESS	1049 ROCKLEDGE DR. #205	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	S	<input type="checkbox"/> Delete
NAME	STROMIRE, MARY C	
STREET ADDRESS	N INDIAN RIVER DR	
CITY-ST-ZIP	SHARPES FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BARNHART, SAN	
STREET ADDRESS	1265 LESLIE DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, JACQUELINE H	
STREET ADDRESS	2135 N COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIS, VICTORIA	
STREET ADDRESS	12 SUNRISE ST	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	VJOI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON	
STREET ADDRESS	827 PINE SHADOWS AVE	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	VLOU	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann JAMES	
STREET ADDRESS	1036 GREENLEAF COURT	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY C. STROMIRE	
STREET ADDRESS	N. INDIAN RIVER DRIVE	
CITY-ST-ZIP	SHARPES, FL 32959	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE ROTH	
STREET ADDRESS	1459 ROCKLEDGE DR.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENIEVE PETTIGREW	
STREET ADDRESS	1016 GREEN RD.	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

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:

Victoria C. Gillis

2-23-02 (321) 631-0855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)