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

DOCUMENT #707356

1. Entity Name



FILED

Apr 18, 2007 8:00 am Secretary of State

04-18-2007 90191 015 ****61.25

COCOA-I	ROCKLE	EDGE WOMAN'S L	EAGUE, INC.								
Principal Place of Business MARTIN ANDERSEN SR. CTR. 1025 S. FLORIDA AVENUE ROCKLEDGE, FL 32955 Mailing Address PO BOX 1153 COCOA, FL 32922							40068286				
Principal Place of Business - No P.O. Box # Mailing Address											
Suite, Apt.	. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			02162007	Chg-NP	CR2I	E037 (12/06)	•
City & Stat	te		City & State	City & State			4. FEI Numbe 59-067		· · 	 	Applied For
Zip	Country		Zip Co		ountry	5. Certificate of Status Desired \$8.75 Additle Fee Required			dditional		
6. Name and Address of Current Registered Agent							7. Name and	Address of Ne	w Register	ed Agent	
WORLEY	E1 17 10 E	T1 1 A			Name						
WORLEY, ELIZABETH A 460 SOUTH BANAN RIVER DRIVE MERRITT ISLAND, FL FL329-52 Street Addr					ddress (P.	ess (P.O. Box Number is Not Acceptable)					
WIE KKATT	100 410, 1	12 12020 02			City					1 7:- 0	
					City				F	Zip Co	юе
	e named entity tions of regist	ty submits this statement for tered agent.	or the purpose of chang	ing its registe	red office o	r registered	d agent, or bot	h, in the State o	of Florida. I a	am familiar with	n, and accept
SIGNATURE		abeth A.]	Vor)ey		lica	beth	$\mathcal{L}(Q)$.	war	les	-4-1	4-07
	Signature, typed	or printed name of registered agen	t and title if applyable.	(NOTE: Register	red Agent signat	ture required w	hen reinstating)		DAT	E	<u>-</u>
	Filing Fe	or printed name of registered agen the is \$61.25 May 1, 2007	9. Electi	(NOTE: Register on Campaign Fund Contribu	Financing		5.00 May Budded to Fees		Make ch	eck payable partment of	
10.	Filing Fe Due by N	e is \$61.25	9. Electi Trust	on Campaign	Financing ution.		55.00 May Bodded to Fees		Make ch Florida Dej	eck payable partment of	State
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 460 SOUTH BANANA RIVER DRIVE

MERRITT ISLAND, FL 32952

Laurelle States Jacqueline H. Allen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR