


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

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

<b>DOCUMENT # 707356</b> 1. Entity Name <b>COCOA-ROCKLEDGE WOMAN'S LEAGUE, INC.</b>					
Principal Place of Business <b>MARTIN ANDERSEN SR. CTR. 1025 S. FLORIDA AVENUE ROCKLEDGE, FL 32955</b>			Mailing Address <b>PO BOX 1153 COCOA, FL 32922</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-0673916</b>	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>WORLEY, ELIZABETH A 460 SOUTH BANAN RIVER DRIVE MERRITT ISLAND, FL 32952</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 <u>Elizabeth A. Worley</u> <u>Elizabeth A. Worley</u> 4-14-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>ALLEN, JACQUELINE H 2135 N. COURTNEY PKWY #F248 MERRITT ISLAND, FL 32953</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete <b>BARNHART, SARAH 845 S. TROPICAL TRAIL MERRITT ISLAND, FL 32953</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete <b>SHEPARD, VICKI 1049 ROCKLEDGE DRIVE #201 ROCKLEDGE, FL 32955</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bunge, Patricia</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5020 Yorkshire Road Cocoa, FL 32926</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS <input checked="" type="checkbox"/> Delete <b>CAMPBELL-STROMIRE, MARY 3821 N. INDIAN RIVER DRIVE COCOA, FL 32922</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Wright, Marianne</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>56 Hill Top Lane Rockledge FL 32955</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS <input checked="" type="checkbox"/> Delete <b>MOSELEY, LESLIE 2511 MCFARLAND DRIVE COCOA, FL 32922</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Fike, Sara</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>115 Indian River Drive #118 Cocoa, FL 32922</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete <b>WORLEY, ELIZABETH A 460 SOUTH BANANA RIVER DRIVE MERRITT ISLAND, FL 32952</b>		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 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.					
<b>SIGNATURE: <u>Jacqueline H. Allen</u> <u>Jacqueline H. Allen</u> 321-453-7847</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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