

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90005 033 \*\*\*\*61.25

40005942



<b>DOCUMENT # 710972</b> 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 #			3. Mailing Address																																																																																																																																						
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																						
City & State			City & State																																																																																																																																						
Zip		Country		Zip																																																																																																																																					
Country		Country		4. FEI Number 59-6158814																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																																					
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 <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>																																																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>																																																																																																																																									
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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.																																																																																																																																									
<b>SIGNATURE:</b> <u>Betty M. Wilson</u> Betty Wilson, Treasurer (321)639-4193 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <span>01-15-2008</span> <span>Daytime Phone #</span> </div>																																																																																																																																									