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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **717926** (0)

1. Corporation Name

COCOA-ROCKLEDGE GARDEN CLUB, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/21/1970	3a. Date of Last Report 02/04/1994
4. FBI Number 591056201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
1490 S FISKE BLVD. PO BOX 560111 ROCKLEDGE FL 32956-7111		1490 S FISKE BLVD. PO BOX 560111 ROCKLEDGE FL 32956-7111	
21. Principal Place of Business	2a. Mailing Address	22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State	24. Zip	29. Zip
25. Country	30. Country		

9. Name and Address of Current Registered Agent

**KIDD, WILLIAM R.
925-A S. FLORIDA AVENUE
ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LINDLEY, MRS. ERNEST
STREET ADDRESS	934 BOWING LANE
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	VSD
NAME	SMITH, MRS. STEWART
STREET ADDRESS	1376 ESTRIDGE DRIVE
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	V
NAME	IRVING, MRS. VINCENT
STREET ADDRESS	891 JEFFERSON ROAD
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	T
NAME	MCLAIN, MRS. LOWELL
STREET ADDRESS	1835 HIDDEN LAKE DRIVE
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	D
NAME	DOWNY, PAUL, MRS.
STREET ADDRESS	1318 ROYAL BIRKDALE CIR.
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HINMAN, MRS. PHILLIP	
1.3 STREET ADDRESS	1210 GOLDEN POND LANE	
1.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TURNER, MRS. O. K.	
2.3 STREET ADDRESS	1375 BYRD COURT	
2.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ADAMSON, MRS. JIMMIE	
3.3 STREET ADDRESS	1268 ST. ANDREWS DRIVE	
3.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	IRVING, MRS. VINCENT	
4.3 STREET ADDRESS	891 JEFFERSON ROAD	
4.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SIMMONS, MRS. EVELYN	
5.3 STREET ADDRESS	1721 FAIRWAY LANE	
5.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Evelyn Simmons 4/13/95 407 636-8775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature Please)