

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 717926 (0)

1. Corporation Name

COCOA-ROCKLEDGE GARDEN CLUB, INC.



Principal Place of Business

Mailing Address

1493 S FISKE BLVD.  
PO BOX 560111  
ROCKLEDGE FL 32956-7111

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PO BOX 560111  
ROCKLEDGE FL 32956-7111

3. Date Incorporated or Qualified 01/21/1970  
3a. Date of Last Report 04/19/1995

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

4. FEI Number 59-1056201  
Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINMAN, MRS. PHILLIP	1.2 NAME	
STREET ADDRESS	1210 GOLDEN POND LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, MRS. O. K.	2.2 NAME	
STREET ADDRESS	1375 BYRD COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMSON, MRS. JIMMIE	3.2 NAME	
STREET ADDRESS	1268 ST. ANDREWS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRVING, MRS. VINCENT	4.2 NAME	S BERGER, MRS. NELLIE
STREET ADDRESS	891 JEFFERSON ROAD	4.3 STREET ADDRESS	304 EDINBURG DRIVE
CITY-ST-ZIP	ROCKLEDGE FL 32955	4.4 CITY-ST-ZIP	COCOA, FL. 32922
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, MRS. EVELYN	5.2 NAME	
STREET ADDRESS	1721 FAIRWAY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWNEY, MRS. PAUL	6.2 NAME	D PACKARD, MRS. BARBARA
STREET ADDRESS	1318 ROYAL BIRKDALE CIR	6.3 STREET ADDRESS	1404 GLENEAGLES WAY
CITY-ST-ZIP	ROCKLEDGE FL	6.4 CITY-ST-ZIP	ROCKLEDGE, FL. 32955

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 119.07(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 2/12/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)