

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 717926 (0)**

1. Corporation Name  
**COCOA-ROCKLEDGE GARDEN CLUB, INC.**



Principal Place of Business <b>1493 S FISKE BLVD. PO BOX 560111 ROCKLEDGE FL 32956-7111</b>	Mailing Address <b>1493 S FISKE BLVD. PO BOX 560111 ROCKLEDGE FL 32956-0111</b>
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3. Date Incorporated or Qualified <b>01/21/1970</b>	3a. Date of Last Report <b>02/21/1996</b>
4. FEI Number <b>59-1056201</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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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  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HINMAN, MRS. PHILLIP	
STREET ADDRESS	1210 GOLDEN POND LANE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TURNER, MRS. O. K.	
STREET ADDRESS	1375 BYRD COURT	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ADAMSON, MRS. JIMMIE	
STREET ADDRESS	1268 ST. ANDREWS DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BERGER, NELLIE	
STREET ADDRESS	304 EDINBURG DR	
CITY-ST-ZIP	COCOA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PACKARD, BARBARA	
STREET ADDRESS	1404 GLENEAGLES WAY	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOWNES, MRS. PAUL	
STREET ADDRESS	1318 ROYAL BIRKDALE CIR	
CITY-ST-ZIP	ROCKLEDGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CS MINOT MRS JOHN</b>
3.3 STREET ADDRESS	<b>1401 GLENEAGLES CIRCLE</b>
3.4 CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>S LINDLEY MRS ERNEST</b>
4.3 STREET ADDRESS	<b>934 BOWING LANE</b>
4.4 CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>T SIMMONS MRS HOWARD</b>
5.3 STREET ADDRESS	<b>1721 FAIRWAY LANE</b>
5.4 CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>PARLIA JOHNSON MRS CHARLES</b>
6.3 STREET ADDRESS	<b>1404 GLENEAGLES CIRCLE</b>
6.4 CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Carolyn J. Hinman 1/7/97 (407) 35-8417  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020308

CR2E037 (9/96)