

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90041 030 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 717926

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

Principal Place of Business  
 1493 S FISKE BLVD.  
 PO BOX 560111  
 ROCKLEDGE FL 32956-7111

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



\* 1 1010221 90041 30

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21		26	01/21/1970
Suite, Apt. #, etc.		27	4. FEI Number
22		28	59-1056201
City & State		29	Applied For
23		30	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
29	30	Trust Fund Contribution	

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

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			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	FRALEY, WILLIAM D MRS		1.2 NAME		
STREET ADDRESS	1312 SEQUOIA PLACE		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	CALLAHAN, JIMMIE M		2.2 NAME		
STREET ADDRESS	3119 IPSWICH DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32926		2.4 CITY-ST-ZIP		
TITLE	CS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMMONS, HOWARD M		3.2 NAME		
STREET ADDRESS	1721 FAIRWAYS LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955		3.4 CITY-ST-ZIP		
TITLE	RS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELTRAN, BARBARA M		4.2 NAME		
STREET ADDRESS	967 BEECHFERN LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955		4.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOSSELTON, PHOEBE L MRS		5.2 NAME	T	
STREET ADDRESS	3060 N ATLANTIC AVE #605		5.3 STREET ADDRESS	1721 FAIRWAYS LANE	
CITY-ST-ZIP	COCOA BEACH FL 32931		5.4 CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	P	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PACKARD, HERMAN M		6.2 NAME		
STREET ADDRESS	1404 GLENEAGLES WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955		6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *Evelyn M. ...* 01-06-99 (407) 632-8632

CR2E037 (11/98)