

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90134 032 ****61.25

DOCUMENT # 717926

1. Entity Name

COCOA-ROCKLEDGE GARDEN CLUB, INC.

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1056201

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TADICH, BILLIE ANN 415 TRAILS END DR MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUNTRESS, FRANCES 1304 ST. ANDREWS DR ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS CALLAHAN, PAT 3119 IPSWICH DR COCOA FL 32922	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS MASON, ARLINE 115 INDIAN RIVER DSR #106 COCOA FL 32922	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLECKINGER, SYBIL 1016 GEORGE AVE ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEGENELT, LOIS 1580 SYKES CREEK DR MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCES, HUNTRESS 1304 ST. ANDREWS DR. ROCKLEDGE, FL. 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOIS WEGENELT 1580 SYKES CREEK DR. MERRITT ISLAND, FL. 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS SHIRLEY PHILLIPS 110 BARNACLE PLACE ROCKLEDGE, FL. 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS LEE SPESCIA 1700 FAIRWAY LANE ROCKLEDGE, FL. 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SYBIL FLECKINGER 1016 GEORGE AVE. ROCKLEDGE, FL. 32955	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP JUDY CLIFTON 815 CLIFTON'S COVE COCOA, FL. 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-02 321-636-1510
 Date Daytime Phone #

CP2E037 (9/01)