


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90025 039 ****61.25

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|---|--|--|---|---|--|-------------|----------------|
| DOCUMENT # 717926 1. Entity 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 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1056201 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table> | | Applied For | Not Applicable |
| Applied For | | | | | | | |
| Not Applicable | | | | | | | |
| 6. Name and Address of Current Registered Agent | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| KIDD, WILLIAM R. 925-A S. FLORIDA AVENUE ROCKLEDGE FL 32955 | | | | 7. Name and Address of New Registered Agent | | | |
| | | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| 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 Due By May 1, 2004 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FRANCES, HYNTRISS 1304 ST. ANDREWS DR. ROCKLEDGE FL 32955 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD CAROLYN HINMAN 1210 GOLDEN POND LANE ROCKLEDGE, FL 32955-4640 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD GENELT, LOIS W 1580 SYKES CREEK DR. MERRITT ISLAND FL 32953 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PAT WAREHAM 975 BOTANY LANE ROCKLEDGE, FLA. 32955-3913 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CS PHILLIPS, SHIRLEY 110 BARNACLE PLACE ROCKLEDGE FL 32955 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP BILLIE ANN TADICH 415 TRAILS END DR. MERRITT ISLAND, FL 32953-6069 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RS SPESCIA, LEE 1720 FAIRWAY LANE ROCKLEDGE FL 32955 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | RS JEAN MC LAIN 557 WILLIS WAY MELBOURNE, FL 32940-8110 | | | |
| 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 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP CLIFTON, JUDY 815 CLIFTON COVE COCOA FL 32926 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CS BETTY MOTECH 1198 WENTWORTH ROCKLEDGE, FL 32955-2251 | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Sybil Fleckinger</u> | | | Date: <u>4-13-04</u> | | Daytime Phone # _____ | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | |