

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90016 023 ****70.00

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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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1056201

Applied For

Not Applicable

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. 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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☐ Delete
NAME MOTLEY, BETTY. *Motley, Betty*
STREET ADDRESS 1198 WENTWORTH CIR *1198 Wentworth Cir*
CITY ST ZIP ROCKLEDGE FL 32955-2251

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE VPD ☐ Delete
NAME ENNIS, LAURA
STREET ADDRESS 4300 COREY WOOD DR
CITY ST ZIP MELBOURNE FL 32934-7622

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE SVP ☐ Delete
NAME HOLDER, GAIL
STREET ADDRESS 52 RIDGE CT
CITY ST ZIP ROCKLEDGE FL 32955-4657

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE RS ☐ Delete
NAME THAWELL, CATHY *Thialwell, Cathy*
STREET ADDRESS 455 OLD SETTLEMENT RD
CITY ST ZIP MERRITT ISLAND FL 32952-6211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE TD ☐ Delete
NAME COMPTON, JO B
STREET ADDRESS 2403 MACFARLAND DR
CITY ST ZIP COCOA FL 32922-7036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE CS ☐ Delete
NAME BOUNDON, PHYLLIS *Bourdon, Phyllis*
STREET ADDRESS 164 SONYA DR
CITY ST ZIP COCOA FL 32926-8760

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Jo B. Compton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jo B. Compton

2/0/07 321-639-1026
Date Daytime Phone #