

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90164 017 ****61.25

UBR 9021

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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1056201**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$51.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANCES, HYNTRISS	
STREET ADDRESS	1304 ST. ANDREWS DR.	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GENELT, LOIS W	
STREET ADDRESS	1580 SYKES CREEK DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	CS	<input type="checkbox"/> Delete
NAME	PHILLIPS, SHIRLEY	
STREET ADDRESS	110 BARNACLE PLACE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	RS	<input type="checkbox"/> Delete
NAME	SPESCIA, LEE	
STREET ADDRESS	1720 FAIRWAY LANE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FLECKINGER, SYBIL	
STREET ADDRESS	1016 GEORGE AVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	CLIFTON, JUDY	
STREET ADDRESS	815 CLIFTON COVE	
CITY-ST-ZIP	COCOA FL 32926	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **5-23-03** **321-636-1510**

CR2E037 (10/02)