

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90165 004 ****61.25

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04212005 Chg-NP CR2E037 (10/03)

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|---|---|---|--|---|--|
| DOCUMENT # 718874 1. Entity Name COCOA BEACH WOMAN'S CLUB, INC. | | | | | |
| Principal Place of Business P O BOX 321104 COCOA BEACH, FL 32932-1104 US | | | Mailing Address P O BOX 321104 COCOA BEACH, FL 32932-1104 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 59-6195437 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent KESSEL, CHAS V., JR. 3000 N. ATL. AVE., SUITE #106 COCOA BEACH, FL 32931 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 STEVENS, BARBARA 830 N ATLANTIC AVE., #B104 COCOA BEACH, FL 32931 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD1 MEYER, GINNY 34 COUNTRY CLUB RD. COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD1 HUBSCHER, EVELYN 744 S. ORLANDO AVE #703 COCOA BEACH FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD3 OMEJLA, MARJORIE 452 DORSET DR. COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD3 GLYNN, CAROLE 3170 N. ATLANTIC AVE #212 COCOA BEACH FL 32931 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD GRIGSBY, MARILYN 26 DANUBE RIVER DRIVE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD TOLSON, LUCY 1115 SAMAR RD. COCOA BEACH, FL 32931 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD2 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VDZ BERK, DORIS 31 COUNTRY CLUB RD. COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MSD CLARK, SUZIANNE 3165 N. ATLANTIC AVE #A308 COCOA BEACH FL 32931 <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: <u>Marilyn Grigsby</u> MARILYN GRIGSBY <u>4/22/05</u> (321) 783-8303 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |