


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90183 010 ****61.25

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6195437	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KESSEL, CHAS V., JR. 3000 N. ATL. AVE., SUITE #106 COCOA BEACH, FL 32931			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, BARBARA		NAME	HOLDEN, BARBARA	
STREET ADDRESS	830 N ATLANTIC AVE., #B104		STREET ADDRESS	530 INDIAN BAY BLVD	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	VD1	<input checked="" type="checkbox"/> Delete	TITLE	VD1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBSCHER, EVELYN		NAME	CMEJLA, MARJORIE	
STREET ADDRESS	744 S ORLANDO AVE #703		STREET ADDRESS	452 DORSET DR	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VD3	<input type="checkbox"/> Delete	TITLE	VD2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLYNNE, CAROLEL		NAME	GLYNN, CAROLE	
STREET ADDRESS	3170 N ATLANTIC AVE		STREET ADDRESS	3170 N. ATLANTIC AVE #210	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	CB	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGSBY, MARILYN		NAME		
STREET ADDRESS	26 DANUBE RIVER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	VD2	<input checked="" type="checkbox"/> Delete	TITLE	VD3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLSON, LUCY		NAME	MENDELSON, CHERYL	
STREET ADDRESS	1115 SAMAR RD.		STREET ADDRESS	60 COUNTRY CLUB DR	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	MSD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, SUZIANNE		NAME	FREEMAN, BARBARA	
STREET ADDRESS	3165 N ATLANTIC AVE #A308		STREET ADDRESS	3799 S. BANANA RV. BLVD #1009	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	COCOA BEACH FL 32931	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Marilyn W. Grigsby</i> MARILYN W GRIGSBY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/25/06 <small>Date</small>		321-783-8303 <small>Daytime Phone #</small>