

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000004220 (8)**

1. Corporation Name

THE COCOA BEACH WOMAN'S CLUB FOUNDATION, INC.



Principal Place of Business

Mailing Address

45 YAWL DR
COCOA BEACH FL 32931

P O BOX 321104
COCOA BEACH FL 32932-1104

3. Date Incorporated or Qualified **09/05/1995** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 321104

26 Suite, Apt. #, etc.

4. FEI Number

59-3333-981

Applied For
Not Applicable

22 Cocoa Beach, Fl.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 32932-1104 Brevard

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KANCILIA, JOHN R
516 N HARBOR CITY BLVD
MELBOURNE FL 32935

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature e, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. As of 5/2/96 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME Knotts, Annie DELETE
STREET ADDRESS Lanni, Shirley (Current)
CITY - ST - ZIP 939N. Indian River Dr.
Cocoa, FL 32922

1.1 TITLE PD Change Addition
1.2 NAME Gurr, Sheila
1.3 STREET ADDRESS 1642 S. Banana River Drive
1.4 CITY - ST - ZIP Merritt Island, Fl. 32952

TITLE VD
NAME Gurr, Sheila DELETE
STREET ADDRESS 1642 S. Banana River Dr.
CITY - ST - ZIP Merritt Island, Fl. 32952

2.1 TITLE VD Change Addition
2.2 NAME Atkinson, Polly
2.3 STREET ADDRESS 3450 Ocean Beach Blvd.
2.4 CITY - ST - ZIP Cocoa Beach, Fl. 32931

TITLE TD
NAME Struck, Rosemary DELETE
STREET ADDRESS 3165 N. Atlantic Ave. A507
CITY - ST - ZIP Cocoa Beach, Fl. 32931

3.1 TITLE TD Change Addition
3.2 NAME Zopfi, Jeanne
3.3 STREET ADDRESS 45 Yawl Drive
3.4 CITY - ST - ZIP Cocoa Beach, Fl. 32931

TITLE V
NAME Plans, Regina DELETE
STREET ADDRESS 323 Carmine Drive
CITY - ST - ZIP Cocoa Beach, Fl. 32931

4.1 TITLE V Change Addition
4.2 NAME Pederson, Tove
4.3 STREET ADDRESS 2020 N. Atlantic Ave. 516N
4.4 CITY - ST - ZIP Cocoa Beach, Fl. 32931

TITLE S
NAME Pederson, Tove DELETE
STREET ADDRESS 2020 N. Atlantic Ave. 516N
CITY - ST - ZIP Cocoa Beach, Fl. 32931

5.1 TITLE V Change Addition
5.2 NAME Brown, Theodora
5.3 STREET ADDRESS 14 West Point Drive
5.4 CITY - ST - ZIP Cocoa Beach, Fl. 32931

TITLE V
NAME Brown, Theodora DELETE
STREET ADDRESS 14 West Point Dr.
CITY - ST - ZIP Cocoa Beach, Fl. 32931

6.1 TITLE S Change Addition
6.2 NAME Brockhouse, René
6.3 STREET ADDRESS 884 Spirea Drive
6.4 CITY - ST - ZIP Rockledge, Fl. 32955

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Shirley Lanni*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Shirley Lanni, President

4-15-96 Date
407-453-6500 Daytime Phone #
Bank deposit # 25

CR2E037 (12/95)