

FILE NOW: FILING FEE IS \$61.25

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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000004220 (8)**  
1. Corporation Name  
**THE COCOA BEACH WOMAN'S CLUB FOUNDATION, INC.**



Principal Place of Business P.O. BOX 321104 COCOA BEACH FL 32932-1104	Mailing Address P.O. BOX 321104 COCOA BEACH FL 32932-1104
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3. Date Incorporated or Qualified <b>09/05/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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4. FEI Number <b>59-3333981</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**KANCILIA, JOHN R  
516 N HARBOR CITY BLVD  
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81. Name	<b>SAME</b>
82. Street Address (P.O. Box Number is Not Acceptable)	<b>1686 WEST HIBISCUS BLVD. (address change)</b>
84. City	<b>MELBOURNE</b>
85. Zip Code	<b>FL 32901</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GURR, SHEILA	
STREET ADDRESS	1642 S. BANANA RIVER DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ATKINSON, POLLY	
STREET ADDRESS	3450 OCEAN BEACH BLVD.	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZOPFI, JEANNE	
STREET ADDRESS	45 YAWL DRIVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PEDERSON, TOVE	
STREET ADDRESS	2020 N. ATLANTIC AVE. 516N	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BROWN, THEODORA	
STREET ADDRESS	14 WEST POINT DRIVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BROCKHOUSE, RENE	
STREET ADDRESS	884 SPIREA DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ATKINSON, POLLY	
1.3 STREET ADDRESS	3450 OCEAN BEACH BLVD. #804	
1.4 CITY-ST-ZIP	COCOA BEACH, FL. 32931	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NAETZKER, ROSE	
2.3 STREET ADDRESS	3450 OCEAN BEACH BLVD.	
2.4 CITY-ST-ZIP	COCOA BEACH, FL. 32931	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KERR, ANN	
5.3 STREET ADDRESS	1525 S. ATLANTIC Ave. #202	
5.4 CITY-ST-ZIP	COCOA BEACH, FL. 32931	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BROWN, THEODORA	
6.3 STREET ADDRESS	14 WEST POINT DRIVE	
6.4 CITY-ST-ZIP	COCOA BEACH, FL. 32931	

14. I do 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 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 on an attachment with an address.

SIGNATURE: Jeannine M. Zopfi 4/16/97 (407) 799-2792  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone # 0019407

CR2E037 (9/96)