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4-14-98 B 4685 -C
FILE NOW: FILING FEE IS \$61.25

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Jun 09 1998 8:00am
Secretary of State



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

NONPROFIT CORPORATION
ANNUAL REPORT
1998

DOCUMENT # N95000004220 (8)
1. Corporation Name

THE COCOA BEACH WOMAN'S CLUB FOUNDATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 321104 COCOA BEACH FL 32932-1104
P.O. BOX 321104 COCOA BEACH FL 32932-1104

3. Date Incorporated or Qualified
09/05/1995

4. FEI Number
59-3333981
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

KANCILIA, JOHN R
1086 WEST HIBISCUS BLVD
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

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 617.1508, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ATKINSON, POLLY	
STREET ADDRESS	3450 OCEAN BEACH BLVD. #804	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NAETZKER, ROSE	
STREET ADDRESS	3450 OCEAN BEACH BLVD.	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ZOPFI, JEANNE	
STREET ADDRESS	45 YAWL DRIVE	4/30/98
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PEDERSON, TOVE	
STREET ADDRESS	2020 N. ATLANTIC AVE. 516N	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	V 3RD	<input checked="" type="checkbox"/> DELETE
NAME	KERR, ANN	
STREET ADDRESS	1525 S ATLANTIC AVE #202	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, THEODORA	
STREET ADDRESS	14 WEST POINT DRIVE	
CITY-ST-ZIP	COCOA BEACH FL	

13. AS OF 5/1/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PEDERSEN, TOVE	
1.3 STREET ADDRESS	2020 N. ATLANTIC AVE. #516N	
1.4 CITY-ST-ZIP	COCOA BEACH, FL. 32931	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KUNS, MAXINE	
2.3 STREET ADDRESS	3605 S. BANANA RIVER BLVD. #301	
2.4 CITY-ST-ZIP	COCOA BEACH, FL. 32931	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LETO, MARCIE	
3.3 STREET ADDRESS	6416 RIDGWOOD AVENUE	5/1/98
3.4 CITY-ST-ZIP	COCOA BEACH, FL. 32931	
4.1 TITLE	VD 2ND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KERR, ANNE	
4.3 STREET ADDRESS	1525 S. ATLANTIC AVENUE	
4.4 CITY-ST-ZIP	COCOA BEACH, FL. 32931	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MATTHEWS, MARY JO	
5.3 STREET ADDRESS	3740 PCEAN BEACH BLVD. #407	
5.4 CITY-ST-ZIP	COCOA BEACH, FL. 32931	
6.1 TITLE	REC. SEC. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CLEMENT, SALLY	
6.3 STREET ADDRESS	530 S. BREYARD AVENIE #321	
6.4 CITY-ST-ZIP	COCOA BEACH, FL. 32931	

14. 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 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. Treasurer 5/1/98

SIGNATURE: Marcie Leto 4 June 1998 (407) 783-4867

CR2E037 (10/97)

DED \$61.25