


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90149 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N95000004220 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	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/05/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3333981
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KANCILIA, JOHN R 1686 WEST HIBISCUS BLVD MELBOURNE FL 32901	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDERSEN, TOVE	1.2 NAME	
STREET ADDRESS	2020 N ATLANTIC AVE #516N	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	1.4 CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNS, MAXINE	2.2 NAME	
STREET ADDRESS	3605 S BANANA RIVER BLVD #301	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	2.4 CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETO, MARCIE	3.2 NAME	
STREET ADDRESS	6416 RIDGEWOOD AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	3.4 CITY-ST-ZIP	
TITLE	V/D2 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR, ANNE	4.2 NAME	
STREET ADDRESS	1525 S. ATLANTIC AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	4.4 CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, MARY JO	5.2 NAME	
STREET ADDRESS	3740 OCEAN BEACH BLVD. #407	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCA BEACH FL 32931	5.4 CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENT, SALLY	6.2 NAME	
STREET ADDRESS	530 S BREVARD AVENUE #321	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Marcie Leto **REQUIRED** 16 January 1999 783-4867
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)