


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90105 035 ****61.25

| | | | | | | | |
|---|-------------------------------|--|---|---|--|----|----------|
| DOCUMENT # N95000004220 | | | |  | | | |
| 1. Entity 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 | | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | |
| City & State | | | City & State | | | | |
| Zip | | Country | Zip | | Country | | |
| 4. FEI Number 59-3333981 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 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 | | | | |
| KANCILIA, JOHN R 1800 WEST HIBISCUS BLVD SUITE 138 MELBOURNE, FL 32901 | | | Name | | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | | FL | Zip Code |
| | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 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 | VD1 | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DODD, ZOA | | NAME | STEVENS, BARBARA | | | |
| STREET ADDRESS | 61 WEST BAY DRIVE | | STREET ADDRESS | 830 N. ATLANTIC AVE #B1104 | | | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | | CITY-ST-ZIP | COCOA BEACH FL 32931 | | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | VD1 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DESSUREAU, SARA | | NAME | MEYER, GINNY | | | |
| STREET ADDRESS | 1617 MINUTEMAN CSWY #202 | | STREET ADDRESS | 34 COUNTRY CLUB ROAD | | | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | | CITY-ST-ZIP | COCOA BEACH FL 32931 | | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HUBSCHER, EVELYN | | NAME | TOLSON, LUCY | | | |
| STREET ADDRESS | 744 S. ORLANDO AVE #703 | | STREET ADDRESS | 1115 SAMAR ROAD | | | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | | CITY-ST-ZIP | COCOA BEACH FL 32931 | | | |
| TITLE | VD3 | <input checked="" type="checkbox"/> Delete | TITLE | VD3 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CLEMENT, SALLY | | NAME | CMEJLA, MARJORIE | | | |
| STREET ADDRESS | 530 S. BREVARD AVE. #321 | | STREET ADDRESS | 452 DORSET DRIVE | | | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | | CITY-ST-ZIP | COCOA BEACH FL 32931 | | | |
| TITLE | VD2 | <input checked="" type="checkbox"/> Delete | TITLE | VD2 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | JOHANSSON, ING-BRITT | | NAME | BERK, DORIS | | | |
| STREET ADDRESS | 200 S. BANANA RV. BLVD. #2002 | | STREET ADDRESS | 31 COUNTRY CLUB ROAD | | | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | | CITY-ST-ZIP | COCOA BEACH FL 32931 | | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GRIGSBY, MARILYN | | NAME | | | | |
| STREET ADDRESS | 26 DANUBE RIVER DR | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | | CITY-ST-ZIP | | | | |
| 12. 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 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 Grigsby</i> MARILYN GRIGSBY | | | Date: 4/18/04 Daytime Phone #: 321-783-8303 | | | | |