


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90165 005 ****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

60048196



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04222005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-3333981

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R
1800 WEST HIBISCUS BLVD
SUITE 138
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

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, 2005

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

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STEVENS, BARBARA 830 N. ATLANTIC AVE #B1104 COCOA BEACH, FL 32931 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD1 MEYER, GINNY 34 COUNTRY CLUB ROAD COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HUBSCHER, EVELYN 744 S. ORLANDO AVE #703 COCOA BEACH, FL 32931 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD3 CMEJLA, MARJORIE 452 DORSET DRIVE COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD2 BERK, DORIS 31 COUNTRY CLUB ROAD COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GRIGSBY, MARILYN 26 DANUBE RIVER DR COCOA BEACH, FL 32931 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NSD CLARK, SUZIANNE 3165 N. ATLANTIC AVE #A308 COCOA BEACH FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD1 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD3 GLYNN, CAROLE 3170 N. ATLANTIC AVE #210 COCOA BEACH FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD2 TOLSON, LUCY 1115 SAMAR RD COCOA BEACH FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Marilyn Grigsby* **MARILYN GRIGSBY** **4/22/05** **(321) 783-8303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #