


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90183 009 ****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

40066200



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

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

04252006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-3333981

Applied For
 Not Applicable

City & State

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

Filing Fee is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENS, BARBARA 830 N. ATLANTIC AVE #B1104 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MSD CLARK, SUZIANNE 3165 N ATLANTIC AVE A308 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD1 HUBSCHER, EVELYN 744 S. ORLANDO AVE #703 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD3 GLYNN, CAROLE 3170 N ATLANTIC AVE #210 COCOA BEACH, FL 32931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD2 TOLSON, LUCY 1115 SAMAR RD 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLDEN, BARBARA 530 INDIAN BAY BLVD. MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD1 CMEJLA, MARJORIE 452 DORSET DR COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD8 MENDELSON, CHERYL 60 COUNTRY CLUB DRIVE COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDZ GLYNN, CAROLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREEMAN, BARBARA 3799 S. BANANA RV BLVD #1009 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 exemptions contained in Chapter 119, 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 W. Grigsby* **MARILYN W. GRIGSBY** **4/26/06** **321-783-8303**

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