


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90016 027 ****61.25

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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 - No P.O. Box #
Suite, Apt. #, etc.

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

City & State

04092008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3333981

Applied For
Not Applicable

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, 2008

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HOLDEN, BARBARA	
STREET ADDRESS	530 INDIAN BAY BLVD	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	VDI	<input checked="" type="checkbox"/> Delete
NAME	CMEJLA, MARJORIE	
STREET ADDRESS	452 DORSET DT	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	VD8	<input checked="" type="checkbox"/> Delete
NAME	MENDELSON, CHERYL	
STREET ADDRESS	60 COUNTRY CLUB DR	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	VDZ	<input checked="" type="checkbox"/> Delete
NAME	GLYNN, CAROLE	
STREET ADDRESS	3170 N ATLANTIC AVE #210	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BAKER, FRANCENE	
STREET ADDRESS	220 MATTHEW CIRCLE	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRIGSBY, MARILYN	
STREET ADDRESS	26 DANUBE RIVER DR	
CITY-ST-ZIP	COCOA BEACH, FL 32931	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDRICK, PAMELA	
STREET ADDRESS	350 CORAL DRIVE	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	VDI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, JEAN	
STREET ADDRESS	750 N. ATLANTIC AVE #1105	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VD2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSCHARME, TERRY	
STREET ADDRESS	440 DIPLOMAT BLVD #1105	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VD3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTT, BETHANN	
STREET ADDRESS	3150 SAVANNAH'S TRAIL	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JANICE	
STREET ADDRESS	720 S. BREVARD AVE #112	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Grigsby* **MARILYN GRIGSBY** 4/9/08 321-783-8303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #