

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91424 040 ****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

4. FEI Number **59-3333981**

Applied For
Not Applicable

Zip Country Zip Country

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



CHECK HERE IF MAKING CHANGES

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 _____

FILE NOW: FEE IS \$61.25

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	VD1 KUNS, MAXINE 3805 S BANANA RIVER BLVD #8301 COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKAY, ALLISON 6250 SAVANNAH DR MELBOURNE VILLAGE FL 32904	<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 HOFSTETIER, ELLA C 720 S. BREVARD AVE #318 COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD2 DESSUREAU, SARA 1617 MINUTEMAN CSWY #202 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	VD1 DODD, ZOA 61 WEST BAY DRIVE COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESSUREAU, SARA 1617 MINUTEMAN CSWY #202 COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD3 CLEMENT, SALLY 530 S. BREVARD AVE #321 COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD2 JOHANSSON, ING-BRITT 200 S. BANANA RIVER BLVD. #2002 COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRIGSBY, MARILYN	<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 **4/23/03 (321) 783-8303**

CR2E037 (10/02)