2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# N07000009346

Entity Name: EAU GALLIE AREA SERVICE COUNCIL, INC.

Current Principal Place of Business:

680 CREEL STREET
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 361191
MELBOURNE, FL 32936

New Mailing Address:

FEI Number: 61-1541220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEINLY, KEITH G
1532-A GUAVA AVE
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: PEGRAM, BARBARA
Address: 1115 CARISSA PL
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete
Name: HEINLY, KEITH
Address: 1532-A GUAVA AVE
City-St-Zip: MELBOURNE, FL 32935

Title: S ( ) Delete
Name: PARRISH, LINDA
Address: 2054 CHERRYWOOD DR
City-St-Zip: MELBOURNE, FL 32035

Title: T ( ) Delete
Name: PARRISH, DENWOOD
Address: 2054 CHERRYWOOD DR
City-St-Zip: MELBOURNE, FL 32935

Title: VP ( ) Delete
Name: PADUA, GILBERTO
Address: 194 TURTLE PLACE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENWOOD PARRISH T 03/01/2009
Electronic Signature of Signing Officer or Director — Date