

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007254

FILED
Jun 12, 2012
Secretary of State

Entity Name: SPACE COAST ASSOCIATION OF INSURANCE & FINANCIAL ADVISORS, INC.

Current Principal Place of Business:

7777 N WICKHAM RD., #12-406
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

7777 N WICKHAM RD
#12-406
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 27-0566835 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILLIAM A. JACKSON, P.A.
905 EAST SARNO ROAD
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: PD
Name: DIBELLA, ROBERT P
Address: 1499 SOUTHPOINTE CT
City-St-Zip: MELBOURNE, FL 329402410

Title: PED
Name: CIANCHETTI, JOSEPH
Address: 140 PORTSIDE AVE #203
City-St-Zip: CAPE CANAVERAL, FL 329203489

Title: PPD
Name: SHELTON, MARVIN L
Address: 7777 N WICKHAM RD #12-501
City-St-Zip: MELBOURNE, FL 329407979

Title: TSD
Name: PARRISH, DENWOOD B
Address: 2054 CHERRYWOOD DR
City-St-Zip: MELBOURNE, FL 329355517

Title: D
Name: SUKOLSKY, ROBERT
Address: 325 5TH AVE #101
City-St-Zip: INDIALANTIC, FL 329034223

I hereby 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 all other like empowered.

SIGNATURE: DENWOOD B. PARRISH

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06/12/2012

Electronic Signature of Signing Officer or Director

Date