

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 03, 2005
Secretary of State**

DOCUMENT# N95000005221

Entity Name: SATELLITE BEACH COMMUNITY SERVICES, INC.

Current Principal Place of Business:

1089 S PATRICK DRIVE
SUITE 107
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

1089 S PATRICK DRIVE
SUITE 107
SATELLITE BEACH, FL 32937 US

New Mailing Address:

FEI Number: 59-3352842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTHCUTT, WILLIAM R
2194 HIGHWAY A1A STE 306
INDIAN HARBOR BEACH, FL 32937 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: DP () Delete
Name: DRIGGERS, JAMES C
Address: 510 CINNAMON DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DS () Delete
Name: FERGUS, JOHN
Address: 135 MAPLE DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DV (X) Delete
Name: STOWE, ROBERT
Address: 530 CINNAMON DR.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DT () Delete
Name: MAYER, WM. E
Address: 377 KINGSTON ROAD
City-St-Zip: SATELLITE BEACH, FL 32937

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WM. E. MAYER

DT

03/03/2005

Electronic Signature of Signing Officer or Director

Date