

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 09, 2009  
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: HODGE, BRAD M PRES  
Address: 510 CINNAMON DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937

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

Title: DT ( ) Delete  
Name: MAYER, WM E TRES  
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:

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: WM E MAYER

DT

03/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date