

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005221

**FILED**  
**Mar 03, 2015**  
**Secretary of State**  
**CC9772760030**

**Entity Name:** SATELLITE BEACH COMMUNITY SERVICES PAL, INC.

**Current Principal Place of Business:**

1089 S PATRICK DRIVE  
SUITE 107  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

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

**FEI Number: 59-3352842**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NORTHCUTT, WILLIAM R  
2194 HIGHWAY A1A STE 306  
INDIAN HARBOR BEACH, FL 32937 US

*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

**Officer/Director Detail :**

Title DP  
Name HODGE, BRAD MPRES  
Address 510 CINNAMON DRIVE  
City-State-Zip: SATELLITE BEACH FL 32937

Title DS  
Name FERGUS, JOHN SECTY  
Address 135 MAPLE DRIVE  
City-State-Zip: SATELLITE BEACH FL 32937

Title DT  
Name MAYER, WM ETRES  
Address 377 KINGSTON ROAD  
City-State-Zip: SATELLITE BEACH FL 32937

*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: WM E MAYER**

**TREASURER**

**03/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date