

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731847

FILED
Apr 06, 2009
Secretary of State

Entity Name: SPACE COAST CENTER FOR INDEPENDENT LIVING, INC.

Current Principal Place of Business:

803 N. FISKE BLVD.
STE. B
COCOA, FL 32922

New Principal Place of Business:

803 N. FISKE BLVD.
STE. B
COCOA, FL 32922 73

Current Mailing Address:

803 N. FISKE BLVD.
STE. B
COCOA, FL 32922 US

New Mailing Address:

803 N. FISKE BLVD.
STE. B
COCOA, FL 32922 73

FEI Number: 59-1744445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, LARRY L
803 N. FISKE BLVD.
STE. B
COCOA, FL 32922 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: BRESLIN, BRIAN
Address: 803 N. FISKE BLVD., STE. B
City-St-Zip: COCOA, FL 32922 US

Title: DPP () Delete
Name: LEWIS, EVA
Address: 2700 JUDGE FRAN JAMIESON WAY
City-St-Zip: VIERA, FL 32940 US

Title: DT () Delete
Name: MILES, C.J.
Address: 803 N. FISKE BLVD., STE. B
City-St-Zip: COCOA, FL 32922 US

Title: DS () Delete
Name: PREECE, BETTY
Address: 615 N. RIVERSIDE DRIVE
City-St-Zip: INDIALANTIC, FL 32903 US

Title: ED () Delete
Name: FOWLER, LARRY L
Address: 803 N. FISKE BLVD., STE. B
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LEWIS, EVA
Address: 803 N. FISKE BLVD., STE B.
City-St-Zip: COCOA, FL 32922 US

Title: DPP (X) Change () Addition
Name: MILLER, JASON
Address: 803 N. FISKE BLVD., STE B.
City-St-Zip: COCOA, FL 32922 US

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: LARRY L. FOWLER

ED

04/06/2009

Electronic Signature of Signing Officer or Director

Date