

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761375

FILED
May 09, 2008
Secretary of State

Entity Name: SPACE COAST SPINA BIFIDA SUPPORT GROUP, INC.

Current Principal Place of Business:

1379 STADT RD. NW
PALM BAY, FL 32907 US

New Principal Place of Business:

Current Mailing Address:

1379 STADT RD. NW
PALM BAY, FL 32907 US

New Mailing Address:

FEI Number: 59-2188149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PETERS, MARK S., ESQ.
775 E. MERRITT ISLAND CAUSEWAY
SUITE 310
MERRITT ISLAND, FL 32952 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: TD () Delete
Name: WELLS, GEOFFREY D
Address: 1379 STADT RD. NW
City-St-Zip: PALM BAY, FL 32907

Title: SD () Delete
Name: MERTZ, DAWN
Address: 3225 CARNEGIE ST.
City-St-Zip: TITUSVILLE,, FL 32796

Title: PD () Delete
Name: KRYSEL, LESLIE
Address: 3744 GRAND MEADOWS BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: VD () Delete
Name: LAYER, BONNIE
Address: PO BOX 540532
City-St-Zip: MERRITT ISLAND, FL 32954

Title: D () Delete
Name: WELLS, ROBIN G
Address: 1379 STADT RD. NW
City-St-Zip: PALM BAY, FL 32907

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:

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: GEOFFREY D. WELLS

TD

05/09/2008

Electronic Signature of Signing Officer or Director

_____ Date