

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761375

FILED  
Apr 21, 2009  
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 ( )**

**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 (X) 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

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date