

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001641

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** VOLUNTEER INVOLVEMENT PROGRAM NON-PROFIT CORPORATION

**Current Principal Place of Business:**

2255 MEADOWLANE AVE  
MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

2255 MEADOWLANE AVE  
MELBOURNE, FL 32904

**New Mailing Address:**

**FEI Number:** 59-3705777      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HAZLETT-SASSMAN, FELICIA TD  
208 NEMO CIRCLE NE  
PALM BAY, FL 32907 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: PD ( ) Delete  
Name: KRESSLER, KIMBERLY  
Address: 2100 BRIDLE PATH  
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete  
Name: NEMEROFF, LISA  
Address: 280 SALMON DR  
City-St-Zip: PALM BAY, FL 32907

Title: TD ( ) Delete  
Name: HAZLETT-SASSMAN, FELICIA  
Address: 208 NEMO CIRCLE, NE  
City-St-Zip: PALM BAY, FL 32907

Title: SD ( ) Delete  
Name: MOHRE, CARL  
Address: 3623 WHISPERWOOD CIRCLE  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: ROBLES-DIAZ, JEANETTE  
Address: 1710 BROOKSHIRE CIRCLE  
City-St-Zip: MELBOURNE, FL 32907

Title: D ( ) Delete  
Name: ROTTKAMP, MICHAEL  
Address: 3250 FLANAGAN  
City-St-Zip: W. MELBOURNE, FL 32904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LANDMESSER, CHARLES  
Address: 650 N APOLLO BLVD  
City-St-Zip: MELBOURNE, FL 32904

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: FELICIA HAZLETT-SASSMAN

TD

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date