

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007349

FILED
Mar 06, 2009
Secretary of State

Entity Name: SPACE COAST HUMAN RESOURCE ASSOCIATION, INC.

Current Principal Place of Business:

8082 WINDOVER WAY
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 541590
MERRITT ISLAND, FL 32954

New Mailing Address:

FEI Number: 76-0800712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILHITE, CARRIE
8082 WINDOVER WAY
TITUSVILLE, FL 32780 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: PRES () Delete
Name: SNYDER, TINA M
Address: 2785 TUSCARORA COURT
City-St-Zip: WEST MELBOURNE, FL 32904

Title: SEC () Delete
Name: SIMMONS, CARLA
Address: 18 HARRISON STREET
City-St-Zip: COCOA, FL 32922

Title: TRES () Delete
Name: BEERMAN, TED
Address: 461 3RD AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WILHITE, CARRIE
Address: 8082 WINDOVER WAY
City-St-Zip: TITUSVILLE, FL 32780

Title: SEC (X) Change () Addition
Name: ORTIZ, ONELIA
Address: 1776 SOPHIA'S DRIVE, APT. 201
City-St-Zip: MELBOURNE, FL 32940

Title: TRES (X) Change () Addition
Name: WILLIAMS, DEB
Address: 1109 BRISTOL DRIVE
City-St-Zip: COCOA, FL 32922

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: MYRNA L. GALLIGANO

ATTY

03/06/2009

Electronic Signature of Signing Officer or Director

Date