

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 JAN 30 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N05000009968</b> 1. Entity Name <b>SPACE COAST ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, INCORPORATED</b>					
Principal Place of Business <b>1813 HUDSON CIRCLE S MELBOURNE, FL 32935</b>			Mailing Address <b>1813 HUDSON CIRCLE S MELBOURNE, FL 32935</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-891485</b> <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2607</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLLINGER, SHELIA M 418 RIVERVIEW LN MELBOURNE BEACH, FL 329512717	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Groters, Melissa Ann 1010 Spinnakerway Apt B1 Melbourne, FL 32935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEWETT, RITA 703 NIDA DR MELBOURNE, FL 329356444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Amanda Lebron 207 Emerson Dr. N.W Palm Bay, FL 32907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INGRAM, RENE 331 BLUE HERON RD MELBOURNE, FL 329043615	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINTON, CAROL S 4425 WINDOVER WAY MELBOURNE, FL 329348519	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400116456664</b> <b>01/30/08--01033--002 **122.50/</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINSON, LINDA J 1813 HUDSON CIRCLE SOUTH MELBOURNE, FL 32935	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINDOVER, ELIZABETH 3295 CEDAR BAY DRIVE MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT</b> <b>01-08</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Melissa Groters</u>			Date: <u>1/15/08</u>		