## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N05000009968

── Jul 31, 2009 Secretary of State

Entity Name: SPACE COAST ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 1813 HUDSON CIRCLE S MELBOURNE, FL 32935 **Current Mailing Address: New Mailing Address:** 261 SYLVIA ROAD MELBOURNE, FL 32904 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012607 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Change () Addition () Delete AL-KINDY, KAUTHAR Name: Name: 261 SYLVIA ROAD Address: Address: City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: HEWETT, RITA Name: Address: 703 NIDA DR Address: City-St-Zip: MELBOURNE, FL 329356444 City-St-Zip: Title: () Delete Title: () Change () Addition INGRAM, RENE Name: Name: 331 BLUE HERON RD Address: Address: City-St-Zip: MELBOURNE, FL 329043615 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DREW, WALTER Name: P.O. BOX 511001 MELBOURNE BEACH Address: Address: City-St-Zip: MELBOURNE, FL 32951" City-St-Zip: Title: () Delete Title: () Change () Addition VINSON, LINDA J Name: Name: 1813 HUDSON CIRCLE SOUTH Address: Address: MELBOURNE, FL 32935 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition ORBAN, MARGUERITE L Name: Name: Address: 4112 RAYBURN ROAD Address: COCOA, FL 32926 City-St-Zip: 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: MARGUERITE L ORBAN D 07/31/2009