


FILED
Feb 28, 2008 8:00 am
Secretary of State

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| <h1 style="margin: 0;">DOCUMENT # N07000007453</h1> | |  |
| 1. Entity Name PFLAG MELBOURNE/SPACE COAST CHAPTER, INC. | | |
| Principal Place of Business 2926 KOSUTH ROAD PALM BAY, FL 32905 | | Mailing Address 2926 KOSUTH ROAD PALM BAY, FL 32905 |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. |
| City & State | | City & State |
| Zip | Country | Zip Country |
| 6. Name and Address of Current Registered Agent | | |
| WRIGHT, JUANITA A 2926 KOSUTH ROAD PALM BAY, FL 32905 | | Name |
| | | Street Address |
| | | City |
| | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent. | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | JUANITA WRIGHT PRESIDENT 2926 KOSUTH RD PALM BAY, FL 32905 <input type="checkbox"/> Delete | 11. |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SECRETARY BURTON BICE 1182 MEADOW LAKE RD ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TREASURER KEE SCHIDER 1131 JERICHO AVE NW PALM BAY, FL 32909 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIRECTOR KISA BROWN 2926 KOSUTH RD PALM BAY, FL 32905 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with all other like empowered. | | |
| SIGNATURE: _____ Secretary <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |