

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007453

FILED
Feb 23, 2009
Secretary of State

Entity Name: PFLAG MELBOURNE/SPACE COAST CHAPTER, INC.

Current Principal Place of Business:

2926 KOSUTH ROAD
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

2926 KOSUTH ROAD
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 20-8844029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, JUANITA A
2926 KOSUTH ROAD
PALM BAY, FL 32905 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: P () Delete
Name: WRIGHT, JUANITA
Address: 2926 KOSUTH RD
City-St-Zip: PALM BAY, FL 32905

Title: S () Delete
Name: BICE, BURTON
Address: 1182 MEADOW LAKE RD
City-St-Zip: ROCKLEDGE, FL 32955

Title: T () Delete
Name: SCHIDEL, LEE
Address: 1131 JERICHO AVE NW
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: BROWN, LISA
Address: 2936 KOSUTH RD
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/T (X) Change () Addition
Name: BICE, BURTON
Address: 1182 MEADOW LAKE RD
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP (X) Change () Addition
Name: MULLEN, NANCY
Address: 2085 HWY A1A #73302
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

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: BURTON BICE

S/T

02/23/2009

Electronic Signature of Signing Officer or Director

Date