

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003668

FILED
Apr 16, 2009
Secretary of State

Entity Name: SATELLITEHS78 REUNION, INC

Current Principal Place of Business:

7275 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

7275 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952

New Mailing Address:

7275 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952

FEI Number: 26-2414006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPER, ROBERT D
7275 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952 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: AUSTIN, STEVE
Address: 409 PELICAN KEY
City-St-Zip: MELBOURNE, FL 32957

Title: VP () Delete
Name: BUTLER, RHONDA
Address: 2730 VILLAGE PARK DR
City-St-Zip: MELBOURNE, FL 32934

Title: S () Delete
Name: DASH, ELLEN
Address: 160 ISLAND VIEW DR
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: T () Delete
Name: HARPER, ROBERT
Address: 7275 SOUTH TROPICAL TR
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROBERT HARPER

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date