

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008378

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** SPACE COAST LIONS CLUB OF MERRITT ISLAND, INC.

**Current Principal Place of Business:**

244 MCLEOD STREET  
MERRITT ISLAND, FL 32953 US

**New Principal Place of Business:**

**Current Mailing Address:**

244 MCLEOD STREET  
MERRITT ISLAND, FL 32953 US

**New Mailing Address:**

**FEI Number:** 26-3325626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

EDINGER, JAY N  
244 MCLEOD STREET  
MERRITT ISLAND, FL 32953 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: FERRARO, TOM  
Address: 1450 N. COURTENAY PKWY, #34  
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: VP ( ) Delete  
Name: SANTISI, PETER  
Address: 1075 NEW HAMPTON WAY  
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: SEC ( ) Delete  
Name: PALFY, TRACIE  
Address: 4480 HORSESHOE BEND  
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: TRES ( ) Delete  
Name: SANTISI, CALLISTA  
Address: 1075 NEW HAMPTON WAY  
City-St-Zip: MERRITT ISLAND, FL 32953 US

**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: JAY EDINGER

AGEN

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date