

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010889

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Entity Name:** SPACE COAST FOSTER AND ADOPTIVE FAMILIES ALLIANCE INC.

**Current Principal Place of Business:**

101 TWILIGHT STREET NE  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

101 TWILIGHT STREET NE  
PALM BAY, FL 32907

**New Mailing Address:**

**FEI Number:** 27-1293476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROCK, SANDY  
101 TWILIGHT STREET  
PALM BAY, FL 32907 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  
**Name:** GROOVER, SHARON  
**Address:** 793 LAKE GEORGE DRIVE  
**City-St-Zip:** VIERA, FL 32940

**Title:** VP  
**Name:** ASKEW, HEATHER  
**Address:** 1763 POINCIANA CIRCLE  
**City-St-Zip:** TITUSVILLE, FL 32796

**Title:** S  
**Name:** THOMPSON, LYNDIA  
**Address:** 3437 TARRAGON STREET  
**City-St-Zip:** COCOA, FL 32926

**Title:** T  
**Name:** BROCK, SANDY  
**Address:** 101 TWILIGHT STREET NE  
**City-St-Zip:** PALM BAY, FL 32907

I hereby 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 all other like empowered.

**SIGNATURE:** SANDRA A BROCK

T

01/07/2012

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

\_\_\_\_\_  
Date