2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: SEA COMMUNITY HELP RESOURCE CENTER, INC.

Current Principal Place of Business:

6312 ARMSTRONG ROAD
ELKTON, FL 32033

New Principal Place of Business:

6312 ARMSTRONG ROAD
ELKTON, FL 32033 US

Current Mailing Address:

6312 ARMSTRONG ROAD
ELKTON, FL 32033

New Mailing Address:

FEI Number: 06-1795782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEEPLES, MALINDA
6312 ARMSTRONG ROAD
ELKTON, FL 32033 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: D
Name: PEEPLES, MALINDA
Address: 4952 BRADLEY ST
City-St-Zip: ELKTON, FL 32033

Title: SD
Name: GARDEN, PAULINE
Address: 841 W 11TH ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: PD
Name: MURRAY, MARGARET
Address: PO BOX 1
City-St-Zip: ELKTON, FL 32033

Title: TD
Name: BRYSON, LILLIAN
Address: 6240 BROUGH RD
City-St-Zip: ELKTON, FL 32033

Title: D
Name: TAYLOR, KATHRYN
Address: 1040 PEARL ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D
Name: CALLOWAY, MICHELLE
Address: 5285 DON MANUEL ROAD
City-St-Zip: ELKTON, FL 32033

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: MALINDA PEEPLES D 04/09/2012

Electronic Signature of Signing Officer or Director — Date