2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# N22071

Entity Name: SPACE COAST EARLY INTERVENTION CENTER, INC.

Current Principal Place of Business:

3661 S. BABCOCK ST.
STE D
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

3661 S. BABCOCK ST.
STE D
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 59-2858471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHINN, SALLY DR
1347 ROCKLEDGE DR
ROCKLEDGE, FL 32955 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:	SHINN, SALLY DR	
Address:	1347 ROCKLEDGE DR	
City-St-Zip:	ROCKLEDGE, FL 32955 BR	
Title:	D	( ) Delete
Name:	TORPEY, JOANN	
Address:	190 PINELLAS LN #509	
City-St-Zip:	COCOA BEACH, FL 32931 BR	
Title:	D	( ) Delete
Name:	DEWIGHT, JAMES	
Address:	FLORIDA AIR ACADEMY 1950 S ACADEMY DR.	
City-St-Zip:	MELBOURNE, FL 32901 BR	
Title:	D	( ) Delete
Name:	HALLEY, LEIGH	
Address:	148 LANTERNBACK ISLAND DRIVE	
City-St-Zip:	SATELLITE BEACH, FL 32937 BR	
Title:	D	( ) Delete
Name:	ANDERSON, PATRICK	
Address:	4160 WINDOVER WAY	
City-St-Zip:	MELBOURNE, FL 32934	

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOANN TORPEY D 01/09/2004

Electronic Signature of Signing Officer or Director — Date