

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22071

FILED
Mar 02, 2007
Secretary of State

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

Title: D () Delete
Name: COOPER, WAYNE
Address: 1840 CANTERBURY DR
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: CLOW, TRISH
Address: 737 NICKLAUS DR
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: BROOM, MELTON
Address: 760 MONTCLAIR RD NE
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: ECCLESTON, CHARLES
Address: 2208 GREENWAY DR
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: KAREN, KIRKLAND
Address: 1163 VESTAVIA CR
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ECCLESTON, CHARLES
Address: 2208 GREENWAY DRIVE
City-St-Zip: MELBOURNE, FL 32901

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

Title: D (X) Change () Addition
Name: YATES, JOHN
Address: 3643 WHISPERWOOD CIRCLE
City-St-Zip: MELBOURNE, FL 32901

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 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: DR. SALLY SHINN

P

03/02/2007

Electronic Signature of Signing Officer or Director

Date