FILED
Feb 25, 2003 8:00 am
Secretary of State
02-25-2003 90117 003 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22071

1. Entity Name
SPACE COAST EARLY INTERVENTION CENTER, INC.

90036198

Principal Place of Business	Mailing Address
3661 S. BABCOCK ST. STE D MELBOURNE, FL 32901 US	3661 S. BABCOCK ST. STE D MELBOURNE, FL 32901 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2858471 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FARMER, BETTINA 1490 DOWD CT SE PALM BAY, FL 32909	Name Dr. SALLY SHINN Street Address (P.O. Box Number is Not Acceptable) 1347 Rockledge Dr. City Rockledge FL Zip Code 32955

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sally Shinn Dr. SALLY SHINN, EXEC. DIR. 02/20/03
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when eliminating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FARMER, BETTINA D. 1490 DOWD CT. S.E. PALM BAY, FL 32909	☒ Delete	TITLE P NAME Dr. SALLY SHINN STREET ADDRESS 1347 Rockledge Dr. CITY-ST-ZIP Rockledge, FL 32955	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LILLY, CRETCHEN 2625 WILDWOOD MELBOURNE, FL 32935	☒ Delete	TITLE D NAME JOANN TORPEY STREET ADDRESS 190 PINELLAS LN #509 CITY-ST-ZIP COCOA BEACH, FL 32931	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEWIGHT, JAMES FLORIDA AIR ACADEMY 1950 S ACADEMY DR. MELBOURNE, FL 32901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALLEY, LEIGH 148 LANTERNBACK ISLAND DRIVE SATELLITE BEACH, FL 32937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE D / NAME Patrick Anderson / STREET ADDRESS 4160 Windover Way / CITY-ST-ZIP Melbourne, FL 32934		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDITION	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sally Shinn Dr Sally Shinn 2/20/03 321-729-6858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EXEC. DIR Date Daytime Phone #