

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90266 008 ****61.25

DOCUMENT # N26559

1. Entity Name

**EXCHANGE CLUB CENTER FOR THE PREVENTION OF
CHILD ABUSE OF THE SPACE COAST, INC.**



Principal Place of Business

1333 GATEWAY DRIVE
SUITE 1024
MELBOURNE FL 32901
US

Mailing Address

1333 GATEWAY DRIVE
SUITE 1024
MELBOURNE FL 32901
US

2. Principal Place of Business

60A Fortenberry Rd.

3. Mailing Address

P.O. Box 560574

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island, FL

City & State

Rockledge, FL

Zip

32952

Country

US

Zip

32956

Country

US

4. FEI Number

59-2899625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAHN, MICHAEL
482 N. HARBOUR CITY BLVD.
STE 3
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE NAME	PD BROWN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	3705 EAGLE WAY	
CITY - ST - ZIP	MELBOURNE FL 32934	
TITLE NAME	VPD WILLIAM, SLOVER	<input type="checkbox"/> Delete
STREET ADDRESS	4795 QUAIL RUN PLACE	
CITY - ST - ZIP	MELBOURNE FL 32904	
TITLE NAME	SD LOW, DONNA	<input type="checkbox"/> Delete
STREET ADDRESS	1139 WHITE OAK CIRCLE	
CITY - ST - ZIP	MELBOURNE FL 32934	
TITLE NAME	TD MCKEE, BRENDA	<input type="checkbox"/> Delete
STREET ADDRESS	3561 SPARROW LANE	
CITY - ST - ZIP	MELBOURNE FL 32935	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

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: *Brenda McKee* **BRENDA A. MCKEE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Date

321-722-0222

Daytime Phone #