

DOCUMENT # N26559

1. Entity Name
EXCHANGE CLUB CENTER FOR THE PREVENTION OF
CHILD ABUSE OF THE SPACE COAST, INC.

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90164 044 ****61.25

Principal Place of Business

60-A FORTERBERRY RD.
MERRITT ISLAND, FL 32952 US

Mailing Address

PO BOX 560574
ROCKLEDGE, FL 32956 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112005

Chg-NP

CR2E037 (10/03)

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, ROBERT	
STREET ADDRESS	3705 EAGLE WAY	
CITY-ST-ZIP	MELBOURNE, FL 32934	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILLIAM, SLOVER	
STREET ADDRESS	4795 QUAIL RUN PLACE	
CITY-ST-ZIP	MELBOURNE, FL 32904	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LOW, DONNA	
STREET ADDRESS	1139 WHITE OAK CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32934	

TITLE	TD	<input type="checkbox"/> Delete
NAME	MCKEE, BRENDA	
STREET ADDRESS	3561 SPARROW LANE	
CITY-ST-ZIP	MELBOURNE, FL 32935	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINS, Kathleen	
STREET ADDRESS	6017 Turtle Beach Lane	
CITY-ST-ZIP	Cocoa Beach, FL 32931	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(Currently Vacant)	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEE, Brenda	
STREET ADDRESS	3561 Sparrow Lane	
CITY-ST-ZIP	Melbourne, FL 32935	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILBERG, Barbara	
STREET ADDRESS	6620 46th Drive	
CITY-ST-ZIP	Verd Beach, FL 32967	

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

KATHLEEN M. CUMMINS 4/20/05