

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26559

FILED
Mar 10, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

705 BLAKE AVE.
BLDG D. MONROE CENTER
COCOA, FL 32922 US

Current Mailing Address:

PO BOX 560574
ROCKLEDGE, FL 32956 US

New Mailing Address:

FEI Number: 59-2899625 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KAHN, MICHAEL
482 N. HARBOUR CITY BLVD.
STE 3
MELBOURNE, FL 32935 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: CUMMINS, KATHLEEN
Address: 6017 TURTLE BCH LN
City-St-Zip: COCOA BEACH, FL 32931

Title: T () Delete
Name: CHILBERG, BARBARA MS
Address: 6620 46TH DR
City-St-Zip: VERO BEACH, FL 32967

Title: VP () Delete
Name: WOODARD, LUKE MR
Address: 321 BRECKENRIDGE CIR
City-St-Zip: PALM BAY, FL 32909

Title: S () Delete
Name: TILLS, MAUREEN
Address: 1081 BASQUE DR
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARPER, JOHN MR.
Address: 1800 TURTLE MOUND RD
City-St-Zip: MELBOURNE, FL 32934

Title: T (X) Change () Addition
Name: MARTUCCI, RICHARD MR.
Address: 215 LATERNBACK ISLAND DR.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP (X) Change () Addition
Name: WILLIAMS, PATRICIA MS
Address: 2825 JUDGE JAMIESON WAY
City-St-Zip: VIERA, FL 32940

Title: S (X) Change () Addition
Name: TILLS, MAUREEN
Address: 130 MARTESIA WAY
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: SHERRY J. MEADERS

ED

03/10/2007

Electronic Signature of Signing Officer or Director

Date