2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N26559

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

Current Principal Place of Business:

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

New Principal Place of Business:

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 ( )**

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: HARPER, JOHN MR.
Address: 1800 TURTLE MOUND RD
City-St-Zip: MELBOURNE, FL 32934

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN HARPER PRES 04/30/2008

Electronic Signature of Signing Officer or Director — Date