

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26559

FILED  
Apr 28, 2009  
Secretary of State

**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

D

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date