

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90266 012 \*\*\*\*61.25

010120

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2899625**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JONES, GEORGE W  
3200 N. WICKHAM RD  
STE 3  
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name

**MICHAEL KAHN, ESQ**

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

**482 N. HARBOR CITY BLVD**

City

**MELBOURNE**

FL

Zip Code

**32935**

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

*Michael H. Kahn*

**MICHAEL H. KAHN**

**4/21/03**

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**

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 **PD** ☐ Delete  
NAME **BROWN, ROBERT**  
STREET ADDRESS **3705 EAGLE WAY**  
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **VPD** ☒ Delete  
NAME **VARNEY, MAURA**  
STREET ADDRESS **432 LAKE VICTORIA CIRCLE**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **SD** ☒ Delete  
NAME **TORRES, YVETTE**  
STREET ADDRESS **850 YACOLT ROAD SE**  
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **TD** ☐ Delete  
NAME **MCKEE, BRENDA**  
STREET ADDRESS **3561 SPARROW LANE**  
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition  
NAME **William Slover**  
STREET ADDRESS **4795 Quail Run Place**  
CITY-ST-ZIP **Melbourne FL 32904**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Donna Low**  
STREET ADDRESS **1139 White Oak Circle**  
CITY-ST-ZIP **Melbourne FL 32934**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Brenda McKee**  
STREET ADDRESS **3561 Sparrow Lane**  
CITY-ST-ZIP **Melbourne FL 32935**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

**Robert Brown, President**

**321-722-0222**

CR2E037 (10/02)