


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90077 032 \*\*\*\*61.25

<b>DOCUMENT # N28536</b> 1. Entity Name <b>SOUTH BREVARD (FL) OSTOMY ASSOCIATION, INCORPORATED</b>					
Principal Place of Business <b>%ROBERT F. WHITE</b> <del>393 NIKOMAS WAY</del> <b>S. MELBOURNE BEACH FL 32951</b>			Mailing Address <b>%ROBERT F. WHITE</b> <b>999 NIKOMAS WAY</b> <b>S. MELBOURNE BEACH FL 32951</b>		
2. Principal Place of Business <b>4441 STACK BLVD, APT C234</b>		3. Mailing Address <b>4441 STACK BLVD</b>			
Suite, Apt. #, etc. <b>APT C234</b>		Suite, Apt. #, etc. <b>APT C234</b>			
City & State <b>MELBOURNE FL</b>		City & State <b>MELBOURNE FL</b>			
Zip <b>32901</b>		Country <b>USA</b>		4. FEI Number <b>94-2833399</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>WHITE, ROBERT F.</b> <del>393 NIKOMAS WAY</del> <b>S. MELBOURNE BEACH FL 32951</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4441 STACK BLVD, APT C234</b> City <b>MELBOURNE</b> FL Zip Code <b>32901</b>		
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 <u>R. F. White</u> (R. F. WHITE) DATE <u>4/27/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS:</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOLFF, RENEE 339 MARKEY CT INDIAN HARBOUR BEACH FL 32937-4045		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THIEL, EVELYN 4928 LAKE WATERFORD WAY WEST MELBOURNE FL 32901		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUPRE, JOHN 895 CLENHAM DR NE PALM BAY FL 32905		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, ROBERT 393 NIKOMAS WAY MELBOURNE BEACH FL 32951		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, SALLY 733 ESPANOLA WAY MELBOURNE FL 32901-4101		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, SALLY 733 ESPANOLA WAY MELBOURNE FL 32901-4101		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, SALLY 733 ESPANOLA WAY MELBOURNE FL 32901-4101		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, SALLY 733 ESPANOLA WAY MELBOURNE FL 32901-4101		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, SALLY 733 ESPANOLA WAY MELBOURNE FL 32901-4101		<input type="checkbox"/> Delete		
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: <u>R. F. White</u> R. F. WHITE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					