


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90036 007 ****61.25

DOCUMENT # N28536 1. Entity Name SOUTH BREVARD (FL) OSTOMY ASSOCIATION, INCORPORATED					
Principal Place of Business 2440 19TH STREET VERO BEACH, FL 32960			Mailing Address 2440 19TH STREET VERO BEACH, FL 32960		
2. Principal Place of Business - No P.O. Box # 333 TOLLEY AVENUE Suite, Apt. #, etc.		3. Mailing Address 333 TOLLEY AVENUE Suite, Apt. #, etc.			
City & State MELBOURNE, FL		City & State MELBOURNE, FL		4. FEI Number 94-2833399	
Zip 32934		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, ROBERT F. 2440 19TH STREET VERO BEACH, FL 32960				7. Name and Address of New Registered Agent Name WALLE, NANCY J. Street Address (P.O. Box Number is Not Acceptable) 333 TOLLEY AVENUE City MELBOURNE, FL Zip Code 32934	
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>Nancy J. Walle</u> NANCY J. WALLE, TREASURER 1/23/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFF, RENEE 339 MARKLEY CT INDIAN HARBOUR BEACH, FL 329374045 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALLE, NANCY 333 TOLLEY AVE MELBOURNE, FL 32934 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLSTON, CHRIS P O BOX 372-310 SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFF, HERB 339 MARKLEY CT MELBOURNE, FL 32934 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, SALLY 733 ESPANOLA WAY MELBOURNE, FL 329014101 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKER, ROBERT C. 332 PRINCE WILLIAM CT. SATELLITE BEACH, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, KATHLEEN 1767 BLUEBIRD CT MELBOURNE, FL 32935 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Nancy J. Walle</u> NANCY J. WALLE 1/23/08 321-254-3976 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

40010975
N28536

DOCUMENT # N28536

SOUTH BREVARD (FL) OSTOMY ASSOCIATION,
INCORPORATED

10. OFFICERS AND DIRECTORS.

TITLE: D
NAME: GRECO, FRANK
STREET ADDRESS: 3205 RIVER WINDS CT.
CITY-ST-ZIP: MELBOURNE BEACH, FL 32951

☐ Addition

TITLE: V
NAME: SANDBERG, CARL
STREET ADDRESS: 2432 WOODFIELD CIRCLE
CITY-ST-ZIP: W. MELBOURNE, FL 32904

☐ Addition