

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28536

FILED  
Jan 11, 2009  
Secretary of State

**Entity Name:** SOUTH BREVARD (FL) OSTOMY ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

333 TOLLEY AVE  
MELBOURNE, FL 32934

**New Principal Place of Business:**

**Current Mailing Address:**

333 TOLLEY AVE  
MELBOURNE, FL 32934

**New Mailing Address:**

**FEI Number:** 94-2833399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLE, NANCY J  
333 TOLLEY AVE  
MELBOURNE, FL 32934 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: D ( ) Delete  
Name: WOLFF, RENEE  
Address: 339 MARKLEY CT  
City-St-Zip: INDIAN HARBOUR BEACH, FL 329374045

Title: T ( ) Delete  
Name: WALLE, NANCY  
Address: 333 TOLLEY AVE  
City-St-Zip: MELBOURNE, FL 32934

Title: P ( ) Delete  
Name: COLSTON, CHRIS  
Address: P O BOX 372-310  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete  
Name: WOLFF, HERB  
Address: 339 MARKLEY CT  
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete  
Name: BARKER, ROBERT C  
Address: 332 PRINCE WILLIAM CT  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete  
Name: ELLIS, KATHLEEN  
Address: 1767 BLUEBIRD CT  
City-St-Zip: MELBOURNE, FL 32935

**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: D (X) Change ( ) Addition  
Name: WOLFF, HERB  
Address: 339 MARKLEY CT  
City-St-Zip: MELBOURNE, FL 32937

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: NANCY J. WALLE

TREA

01/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date