2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2010
Secretary of State

DOCUMENT# N28536

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
Name: WOLFF, RENEE
Address: 339 MARKLEY CT
City-St-Zip: INDIAN HARBOUR BEACH, FL 329374045

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

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

Title: D
Name: WOLFF, HERB
Address: 339 MARKLEY CT
City-St-Zip: MELBOURNE, FL 32937

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

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

I hereby 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 all other like empowered.

SIGNATURE: NANCY J. WALLE TREA 01/11/2010
Electronic Signature of Signing Officer or Director Date