

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28536

FILED
Apr 19, 2012
Secretary of State

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

Current Principal Place of Business:

333 TOLLEY AVE
MELBOURNE, FL 32934 US

New Principal Place of Business:

Current Mailing Address:

333 TOLLEY AVE
MELBOURNE, FL 32934 US

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: PRES
Name: DUPRE, JOHN
Address: 995 GLENHAM DR NE
City-St-Zip: PALM BAY, FL 32905 US

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

Title: VP
Name: SANDBERG, CARL
Address: 2432 WOODFIELD CIRCLE
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: SEC
Name: PHILLIPS, BETTY
Address: 1092 S FORK CIRCLE
City-St-Zip: MELBOURNE, FL 32901 US

Title: D
Name: TOMLINSON, ZANE
Address: 2304 MCFARLAND DR
City-St-Zip: COCOA, FL 32922 US

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

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

04/19/2012

Electronic Signature of Signing Officer or Director

Date