


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90013 048 ****61.25

DOCUMENT # N36182 1. Entity Name MELBOURNE CHAPTER OF S.P.E.B.S.Q.S.A., INC.					
Principal Place of Business C/O STERLING WARNER 2866 LOCKSLEY ROAD MELBOURNE, FL 32935-2435 US			Mailing Address C/O STERLING WARNER 2866 LOCKSLEY ROAD MELBOURNE, FL 32935-2435 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2981921	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WARNER, STERLING 2866 LOCKSLEY ROAD MELBOURNE, FL 32935-2435				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARNER, STERLING		NAME		
STREET ADDRESS	2866 LOCKSLEY RD.		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 329352435		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	O'CONOR, STEPHEN		NAME	VD HARVEY HOBSON	
STREET ADDRESS	4768 ALABAMA DR.		STREET ADDRESS	123 BONFIRE AV	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMARAL, MARK		NAME		
STREET ADDRESS	122 OCEAN SPRAY AVE		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARTON, DANIEL		NAME	VD JOSHUA SIMPkins	
STREET ADDRESS	220 SALT GRASS PL		STREET ADDRESS	2209 FLOWERTREE CIRCLE	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRIZAN, RICHARD		NAME		
STREET ADDRESS	16 JUDY COURT		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH, FL 329373934		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEE, JASON		NAME	VD DONALD ANDERSON	
STREET ADDRESS	2626 KINGDON AV		STREET ADDRESS	1012 MONTCLAIR RD	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	COCOA, FL 32922	
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><i>Sterling Warner</i></u> STERLING WARNER (SBA)			3/26/2008		321-768-7061
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>