

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90057 029 ****70.00



DOCUMENT # N45494				1. Entity Name SPACE COAST INTERGROUP OF OVEREATERS ANONYMOUS, INC.	
Principal Place of Business PO BOX 33734 INDIALANTIC, FL 32903-0734 US		Mailing Address PO BOX 33734 INDIALANTIC, FL 32903-0734 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01142007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3043506 Applied For Not Applicable	
				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	
WATTERUD, VIVIAN 2441 WOODTHRUSH PLACE MELBOURNE, FL 32904				Name STACIE FRYE Street Address (P.O. Box Number is Not Acceptable) 134 WASHINGTON AVE. City CAPE CANAVERAL FL 32920	
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>Stacie Frye</u>				DATE <u>1/14/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007				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	DC	<input checked="" type="checkbox"/> Delete	TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTERUD, VIVIAN		NAME	STACIE FRYE	
STREET ADDRESS	2441 WOODTHRUSH PL		STREET ADDRESS	134 WASHINGTON AVE	
CITY-ST-ZIP	MELBOURNE, FL 32904		CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDENBELT, DORRIE		NAME	DORRIE VANDENBELT	
STREET ADDRESS	3000 GUINEVERE DR		STREET ADDRESS	3000 GUINEVERE DR	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSOW, MARGIE		NAME	BARBARA MAHLE	
STREET ADDRESS	7557 NIANTIC		STREET ADDRESS	2016 GRANT PLACE	
CITY-ST-ZIP	MICCO, FL 32976		CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Stacie Frye</u>				DATE <u>1/14/07</u> DAYTIME PHONE # <u>321.784.5370</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	