

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90372 018 \*\*\*\*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

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01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number: 59-3043506 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~FRYE, STACIE~~  
~~134 WASHINGTON AVE~~  
~~CAPE CANAVERAL, FL 32920~~  
 Vivian Watterud  
 2441 Woodthrush Place  
 Melbourne, FL 32904

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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: Vivian Watterud Vivian Watterud 4-12-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	FRYE, STACIE
STREET ADDRESS	134 WASHINGTON AVE
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	<del>D</del>
NAME	<del>VANDENBELT, DORRIE</del>
STREET ADDRESS	<del>3000 GUINEVERE DR</del>
CITY-ST-ZIP	<del>HTTUSVILLE, FL 32780</del>
TITLE	<del>DS</del>
NAME	<del>MAHLE, BARBARA</del>
STREET ADDRESS	<del>2016 GRANT PLACE</del>
CITY-ST-ZIP	<del>MELBOURNE, FL 32901</del>
TITLE	DT
NAME	Vivian Watterud
STREET ADDRESS	2441 Woodthrush Place
CITY-ST-ZIP	Melbourne, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Vivian Watterud Vivian Watterud 4-12-08 321-723-6504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #