

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 15, 2009
Secretary of State**

DOCUMENT# N45494

Entity Name: SPACE COAST INTERGROUP OF OVEREATERS ANONYMOUS, INC.

Current Principal Place of Business:

PO BOX 33734
INDIALANTIC, FL 329030734 US

New Principal Place of Business:

2441 WOODTHRUSH PLACE
MELBOURNE, FL 32904 US

Current Mailing Address:

PO BOX 33734
INDIALANTIC, FL 329030734 US

New Mailing Address:

2441 WOODTHRUSH PLACE
MELBOURNE, FL 32904 US

FEI Number: 59-3043506 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTERUD, VIVIAN
2441 WOODTHRUSH PLACE
MELBOURNE, FL 32904 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: DC () Delete
Name: FRYE, STACIE
Address: 134 WASHINGTON AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: VANDENBELT, DORRIE
Address: 3000 GUINEVERE DR
City-St-Zip: TITUSVILLE, FL 32780

Title: DS () Delete
Name: MAHLE, BARBARA
Address: 2016 GRANT PLACE
City-St-Zip: MELBOURNE, FL 32901

Title: DT () Delete
Name: WATTERUD, VIVIAN
Address: 2441 WOODTHRUSH PLACE
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: VANDENBELT, DORRIE
Address: 300 GUINEVERE DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: DV (X) Change () Addition
Name: JOHNSON, RUTH
Address: 2424 WOODTHURSH PLACE
City-St-Zip: MELBOURNE, FL 32904

Title: DS (X) Change () Addition
Name: WILBERT, ROBINSON
Address: 315 NICE CT
City-St-Zip: MERRITT ISLAND, FL 32953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VIVIAN WATTERUD

DT

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date