

**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