

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90095 029 \*\*\*\*61.25

<b>DOCUMENT # N49578</b> 1. Entity Name SOCIETY FOR EXCEPTIONAL ADULTS, INC.					
Principal Place of Business 3661 SOUTH BABCOCK STREET MELBOURNE, FL 32901 US <i>725 Coral Drive Melbourne, FL 32935</i>			Mailing Address 1801 SARNO RD SUITE 3 MELBOURNE, FL 32935 US <i>32935</i> <i>725 Coral Drive Melbourne, FL</i>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3133973	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WALKER, N. MARLENE 725 CORAL DR MELBOURNE, FL 32935				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>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSELIP, LEO 365 CHERRY DR. SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP David Alexander 202 Sykes Loop Drive Merritt Island, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BURNETT, IRENE 2441 NEW FOUND HARBOR MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Jeanette Soucy 211 Sixth Avenue Melbourne Bch, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CEROW, RICHARD 1801 SARNO ROAD SUITE 3 MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Marlene Walrer 725 Coral Drive Melbourne, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALKER, BILL 725 CORAL DRIVE MELBOURNE, FL 32935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Suzanne Caporina Easter Seals Florida, Inc. 6950 Babcock St. S.E. Suite 19 Palm Bay, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE: <i>N. Marlene Walrer</i></b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 01-19-2007 (321) 254-3745	