

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90035 022 ****61.25

DOCUMENT # N49578

1. Entity Name

SOCIETY FOR EXCEPTIONAL ADULTS, INC.



Principal Place of Business

725 CORAL DR
MELBOURNE FL 32935
US

Mailing Address

725 CORAL DR
SUITE 3
MELBOURNE FL 32935
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

725 Coral Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State

City & State

Melbourne, FL

Zip

Country

Zip

Country

32935

USA

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3133973

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

Signature, typed or printed name of registered agent and his or her address.

(NOTE: Registered Agent signature is required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 DP ☐ Delete
NAME ALEXANDER, DAVID
STREET ADDRESS 202 SYKES LOOP DR
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME SOVEY, JEANETTE
STREET ADDRESS 211 6TH AVE.
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME WALKER, MARLENE
STREET ADDRESS 725 CORAL DR
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME CAPORINA, SUZANNE
STREET ADDRESS 6050 BABCOCK ST SE STE. 19
CITY-ST-ZIP PALM BAY FL 32909

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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: *N. Marlene Walker* N. MARLENE WALKER 01-27-2008