

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49578

FILED
Apr 20, 2009
Secretary of State

Entity Name: SOCIETY FOR EXCEPTIONAL ADULTS, INC.

Current Principal Place of Business:

725 CORAL DR
MELBOURNE, FL 32935 US

New Principal Place of Business:

1481 HALSTEAD AVE NW
PALM BAY, FL 32907 US

Current Mailing Address:

725 CORAL DR
MELBOURNE, FL 32935 US

New Mailing Address:

1481 HALSTEAD AVE NW
PALM BAY, FL 32907 US

FEI Number: 59-3133973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, N. MARLENE
725 CORAL DR
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

HINES, POLLY S
1481 HALSTEAD AVE NW
PALM BAY, FL 32907 US

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: POLLY S HINES

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ALEXANDER, DAVID
Address: 202 SYKES LOOP DR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DV () Delete
Name: SOVEY, JEANETTE
Address: 211 6TH AVE.
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: DT () Delete
Name: WALKER, MARLENE
Address: 725 CORAL DR
City-St-Zip: MELBOURNE, FL 32935

Title: S () Delete
Name: CAPORINA, SUZANNE
Address: 6050 BABCOCK ST SE STE. 19
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HINES, POLLY S
Address: 1481 HALSTEAD AVE NW
City-St-Zip: PALM BAY, FL 32907

Title: DV (X) Change () Addition
Name: TAYLOR, KIMBERLY
Address: 407 FRANKFORD AVE NW
City-St-Zip: PALM BAY, FL 32907

Title: DT (X) Change () Addition
Name: TAYLOR, TIMOTHY
Address: 407 FRANKFORD AVE NW
City-St-Zip: PALM BAY, FL 32907

Title: S (X) Change () Addition
Name: TAYLOR, TIMOTHY
Address: 407 FRANKFORD AVE NW
City-St-Zip: PALM BAY, FL 32907

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: POLLY S HINES

DP

04/20/2009

Electronic Signature of Signing Officer or Director

Date