2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002007

FILED Apr 20, 2009 Secretary of State

Entity Name: THE SOUTH COUNTY RESOURCE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

1162 INDIAN HILLS BLVD VENICE, FL 34293 US

Current Mailing Address: New Mailing Address:

1162 INDIAN HILLS BLVD VENICE, FL 34293 US

FEI Number: 65-0467265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOORE, ROBERT L ATTY

227 S NOKOMIS AVE
VENCIE, FL 34285 US

KRAUT, JAMES
1162 INDIAN HILLS BLVD
VENCIE, FL 34293 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: JAMES S KRAUT 04/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

le: PD () Delete Title: PD (X) Change () Addition

 Name:
 HAMM, RICK
 Name:
 MORRIS, VALERIE

 Address:
 1162 INDIAN HILLS BLVD
 Address:
 105 GULF CLUB LANE

 City-St-Zip:
 VENICE, FL 34293
 City-St-Zip:
 VENICE, FL 34293

Title: VPD () Delete Title: VPD (X) Change () Addition Name: HERBERT, ROBERT Name: KAPLUN, YURI

Address: 1162 INDIAN HILLS BLVD Address: 7810 S TAMIAMI TRAIL, #A2

City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293

Title: TD () Delete Title: STD (X) Change () Addition Name: OCHS, ROBERT Name: ELLIOT, ELIZABETH

 Address:
 1162 INDIAN HILLS BLVD
 Address:
 198 VENICE PALMS BLVD

 City-St-Zip:
 VENICE, FL 34293
 City-St-Zip:
 VENICE, FL 34292

Title: SD (X) Delete Title: () Change () Addition

 Name:
 WALKER, SANDI
 Name:

 Address:
 1162 INDIAN HILLS BLVD
 Address:

 City-St-Zip:
 VENICE, FL 34293
 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: VALERIE MORRIS PD 04/20/2009