

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005071

FILED
Aug 21, 2009
Secretary of State

Entity Name: SUPPORT COORDINATION SERVICES, INC.

Current Principal Place of Business:

16260 SW 286 ST
HOMESTEAD, FL 33033 US

New Principal Place of Business:

Current Mailing Address:

16260 SW 286 ST
HOMESTEAD, FL 33033 US

New Mailing Address:

FEI Number: 65-0449943 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCDONALD, DAVID
16260 SW 286 ST
HOMESTEAD, FL 33033 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SP () Delete
Name: MCDONALD, KATHRYN
Address: 16260 SW 286 ST
City-St-Zip: HOMESTEAD, FL 33033

Title: PD () Delete
Name: MCDONALD, DAVID
Address: 16260 SW 286 ST
City-St-Zip: HOMESTEAD, FL 33033

Title: M () Delete
Name: WILLIAMS, TANYA
Address: 260 NE 10 AVENUE, APT 127
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID MCDONALD

SP

08/21/2009

Electronic Signature of Signing Officer or Director

_____ Date