

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N97000003148

**FILED**  
**Nov 01, 2004**  
**Secretary of State****Entity Name:** WEBSTER UNIVERSITY ALUMNI ASSOCIATION, INC., SPACE COAST BRANCH**Current Principal Place of Business:**150 N. SYKES CREEK  
SUITE 200  
MERRITT ISLAND, FL 32953**New Principal Place of Business:****Current Mailing Address:**150 N. SYKES CREEK  
SUITE 200  
MERRITT ISLAND, FL 32953**New Mailing Address:****FEI Number:** 59-3482478      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**GREY, KATHLEEN  
393 OAK HEAVEN DR  
MELBOURNE, FL 32940      US**Name and Address of New Registered Agent:**MISA, MICHAEL E  
393 OAK HEAVEN DR  
MELBOURNE, FL 32940      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: MICHAEL E MISA

11/01/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD      ( ) Delete  
**Name:** GREY, KATHLEEN  
**Address:** 2107 RAMSDALE DRIVE SE  
**City-St-Zip:** PALM BAY, FL 32909**Title:** VD      ( ) Delete  
**Name:** SCHAUT, MICHELE  
**Address:** 320 SABAL AVE.  
**City-St-Zip:** MERRITT ISLAND, FL 32953**Title:** SD      ( ) Delete  
**Name:** BROWN, ATLERA  
**Address:** 1844 LONGLEAF RD  
**City-St-Zip:** COCOA, FL 32926**Title:** TD      ( ) Delete  
**Name:** JANES, LOUANN  
**Address:** 1036 GREENLEAF CT.  
**City-St-Zip:** ROCKLEDGE, FL 32955**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD      (X) Change ( ) Addition  
**Name:** MISA, MICHAEL E  
**Address:** 393 OAK HAVEN DRIVE  
**City-St-Zip:** MELBOURNE, FL 32940**Title:**      ( ) Change ( ) Addition  
**Name:**      ( ) Change ( ) Addition  
**Address:**      ( ) Change ( ) Addition  
**City-St-Zip:**      ( ) Change ( ) Addition**Title:**      ( ) Change ( ) Addition  
**Name:**      ( ) Change ( ) Addition  
**Address:**      ( ) Change ( ) Addition  
**City-St-Zip:**      ( ) Change ( ) Addition**Title:**      ( ) Change ( ) Addition  
**Name:**      ( ) Change ( ) Addition  
**Address:**      ( ) Change ( ) Addition  
**City-St-Zip:**      ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL E MISA

PD

11/01/2004

Electronic Signature of Signing Officer or Director

Date