

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003148

FILED
Jan 15, 2008
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 ()

Name and Address of Current Registered Agent:

MISA, MICHAEL E
393 OAK HEAVEN DR
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: MISA, MICHAEL E
Address: 393 OAK HAVEN DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: VD () Delete
Name: GOLLEHON, DENNIS
Address: 235 CITY POINT RD
City-St-Zip: COCOA, FL 32926

Title: SD () Delete
Name: SCHAUT, MICHELE
Address: 320 SABAL AVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD () Delete
Name: JANES, LOUANN
Address: 1036 GREENLEAF CT.
City-St-Zip: ROCKLEDGE, FL 32955

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:

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: LOU ANN JANES

TD

01/15/2008

Electronic Signature of Signing Officer or Director

Date