

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004242

FILED
Jan 11, 2010
Secretary of State

Entity Name: SPACE COAST GRIEF EDUCATION ALLIANCE, INC.

Current Principal Place of Business:

237 SHORE LANE
ATTN: LYNDA MARKHAM
INDIAN HARBOUR BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

237 SHORE LANE
ATTN: LYNDA MARKHAM
INDIAN HARBOUR BEACH, FL 32937 US

New Mailing Address:

FEI Number: 59-3460990 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARKHAM, LYNDA
237 SHORE LANE
INDIAN HARBOUR BEACH, FL 32937 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: PRES
Name: WILLIS, CHARLOTTE PRES
Address: 815 BRIAR CREEK BLVD. NE
City-St-Zip: PALM BAY, FL 32904

Title: VP
Name: JERALD, SMITH VP
Address: 951 N. WASHINGTON BLVD
City-St-Zip: TITUSVILLE, FL 32796

Title: TREA
Name: MARKHAM, LYNDA
Address: 237 SHORE LANE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: SECT
Name: BLAKESLEE, SUSAN
Address: 115 INDIAN RIVER DR. #208
City-St-Zip: COCOA, FL 32922

I hereby 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 all other like empowered.

SIGNATURE: LYNDA MARKHAM

TREA

01/11/2010

Electronic Signature of Signing Officer or Director

Date