## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004242

FILED Jan 05, 20<u>1</u>1 Secretary of State

Date

Entity Name: SPACE COAST GRIEF EDUCATION ALLIANCE, INC.

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

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

**New Mailing Address: Current Mailing Address:** 

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

FEI Number: 59-3460990 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:

MARKHAM, LYNDA 237 SHORÉ LANE INDIAN HARBOUR BEACH, FL 32937 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

**OFFICERS AND DIRECTORS:** 

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

Title:

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

Title: **TREA** 

MARKHAM, LYNDA Name: Address: 237 SHORE LANE

City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: SECT

Name: WILLIS, CHARLOTTE 815 BRIAN CREEK BLVD. NE Address: City-St-Zip: PALM BAY, FL 32904

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** 01/05/2011