## **2005 NOT-FOR-PROFIT CORPORATION**

## ANNUAL REPORT

SIGNATURE: 🗚

AGNATURE AND TYPED/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Apr 27, 2005 8:00 am Secretary of State

がan Adovasio, TRDA Board of Directors

**FILED** 

04-27-2005 90312 043 \*\*\*\*70.00 DOCUMENT # N00000001017 THE FLORIDA TECHNOLOGICAL RESEARCH AND DEVELOPMENT FOUNDATION, INC. Principal Place of Business Mailing Address 5195 S. WASHINGTON AVE. 5195 S. WASHINGTON AVE. TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 2. Principal Place of Business 3. Mailing Address Suite Apt. #. etc. Suite, Apt. #, etc. 04062005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-3655421 Applied For Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Frank L. Kinney PETERS, MICHELLE Street Address (P.O. Box Number is Not Acceptable) 5195 S. WASHINGTON AVE. TITUSVILLE, FL 32780 5195 South Washington Avenue <sup>2</sup>32780 Titusville 8. 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. I am familiar with, and accept the obligations of registered agent Frank L. Kinney, Executive Director 4-11-05 Signature, typed or printed name of registered agent and title if applic (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CD Change TITLE TITLE Delete BROWER RON NAME NAME Glover, Robert A. 5195 S. WASHINGTON AVE. STREET ADDRESS STREET ADDRESS 5195 South Washington Avenue CITY-ST-ZIP TITUSVILLE, FL 32780 CITY-ST-ZIP Titusville, FL 32780 vcn TITI F Delete TITLE VCD MCKAY, JESSE NAME NAME Luckett, Pamela STREET ADDRESS 9951 ATLANTIC BLVD, SUITE 120 STREET ADDRESS CITY-ST-ZIP 5195 South Washington Avenue JACKSONVILLE, FL 32225 CITY-ST-ZIP STD Delete Titusville, FL 32780 Change TITLE TITL F SPENCER, JUDY NAME NAME STD 712 FLORIDA AVENUE STREET ADDRESS STREET ADDRESS Adovasio, Dan COCOA, FL 32922 CITY-ST-ZIP CITY-ST-ZIP 5195 South Washington Avenue Addition TITLE TITLE ☐ Delete Titusville, FL 32780 NAME D STREET ADDRESS STREET ADDRESS DiLavore, Peter CITY-ST-ZIP CITY-ST-ZIP 5195 South Washington Armanuck Addition ☐ Delete TITLE TITLE NAME Titusville, FL 32780 NAME STREET ADDRESS STREET ADDRESS D CITY-ST-7IP CITY-ST-ZIP Parrish, Henry Delete TITLE TITLE 5195 South Washington AVERue Addition NAME NAME Titusville, FL STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 on trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmept with an address, with all other like empowered.