
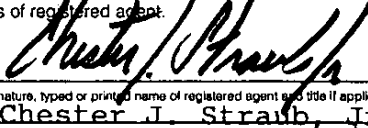
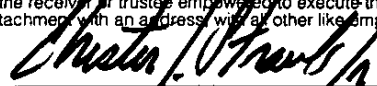


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90046 036 ****61.25

DOCUMENT # N00000001017					
1. Entity Name THE FLORIDA TECHNOLOGICAL RESEARCH AND DEVELOPMENT FOUNDATION, INC.					
Principal Place of Business 5195 S. WASHINGTON AVE. TITUSVILLE, FL 32780			Mailing Address 5195 S. WASHINGTON AVE. TITUSVILLE, FL 32780		
2. Principal Place of Business - No P.O. Box # 1050 West NASA Boulevard		3. Mailing Address 1050 West NASA Boulevard			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03042008 Chg-NP CR2E037 (12/06)	
City & State Melbourne, Florida		City & State Melbourne, FL 32901		4. FEI Number 59-3655421	
Zip 32901		Country USA		Applied For Not Applicable	
Zip 32901		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRAUB, JR., CHESTER J 5195 SOUTH WASHINGTON AVE TITUSVILLE, FL 32780			7. Name and Address of New Registered Agent Name Chester J. Straub, Jr. Street Address (P.O. Box Number is Not Acceptable) 1050 West NASA Boulevard City Melbourne FL Zip Code 32901		
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.					
SIGNATURE 		Executive Director, TRDA		3-25-08	
Signature, typed or printed name of registered agent and title if applicable. Chester J. Straub, Jr.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Vice Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLOVER, ROBERT A		NAME	Dr. James T. Brown	
STREET ADDRESS	5195 S. WASHINGTON AVE.		STREET ADDRESS	2802 Bellwind Circle	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	Viera, FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCKETT, PAMELA		NAME	Lawrence L. Devine	
STREET ADDRESS	5195 S. WASHINGTON AVE		STREET ADDRESS	10 Inwood Way	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	Indian Harbor, FL 32937	
TITLE	COB	<input type="checkbox"/> Delete	TITLE	Dan Adovasio, Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADOVASIO, DAN		NAME	7350 Shoppes Drive Ste 1	
STREET ADDRESS	5195 S. WASHINGTON AVE		STREET ADDRESS	Viera, FL 32900	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE	VCOB	<input type="checkbox"/> Delete	TITLE	Chairman of the Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILAVORE, PETER		NAME		
STREET ADDRESS	5195 S. WASHINGTON AVE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, HENRY		NAME	Jack J. Rood	
STREET ADDRESS	5195 S. WASHINGTON AVE		STREET ADDRESS	600 Florida Avenue	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	Cocoa, FL 32922	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 		Executive Director, TRDA		3-25-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Chester J. Straub, Jr.				Date Daytime Phone #	