

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002418

Entity Name: BREVARD COUNTY TRIAD, INC.

FILED
Jul 12, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 8264
COCOA, FL 329248264

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8264
COCOA, FL 329248264

New Mailing Address:

FEI Number: 59-3624703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIASSON, KATE
2725 JUDGE FRAN JAMIESON WAY
VIERA, FL 32940 US

Name and Address of New Registered Agent:

CHIASSON, KATIE
785 HANNAH DR.
MERRITT ISLAND, FL 32952 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: KATIE CHIASSON

07/12/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHIASSON, KATE
Address: 2725 JUDGE FRANJAMIESON WAY
City-St-Zip: VIERA, FL 32940

Title: DVP () Delete
Name: MCCARTER, JANIS
Address: 1549 CLOVER CIR
City-St-Zip: MELBOURNE, FL 32935

Title: 2VP () Delete
Name: HAYES, NORMAN C
Address: 103 ANONA PL
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: T () Delete
Name: THIBOULT, PATRICIA L
Address: 4400 TANGELO AVE
City-St-Zip: COCOA, FL 32926

Title: PIO () Delete
Name: BLUE-GAINES, JILL
Address: 3139 WATERWAY PL
City-St-Zip: DAYTONA BEACH, FL 32128

Title: S () Delete
Name: SATTLEY, KELLY
Address: 6374 STILLWATER AVE
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CHIASSON, KATE
Address: 785 HANNAH DR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SANDY, WILLIAMS
Address: PO BOX 565002
City-St-Zip: ROCKLEDGE, FL 32955-500

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 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 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: JANIS L. MCCARTER

VP

07/12/2004

Electronic Signature of Signing Officer or Director

Date