

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90052 033 ****61.25

DOCUMENT # N00000002418 1. Entity Name BREVARD COUNTY TRIAD, INC.			
Principal Place of Business P.O. BOX 8264 COCOA, FL 32924-8264 US		Mailing Address P.O. BOX 8264 COCOA, FL 32924-8264 US	
2. Principal Place of Business - No P.O. Box # PO BOX 410518 Suite, Apt. #, etc.		3. Mailing Address PO BOX 410518 Suite, Apt. #, etc.	
City & State Melbourne FL Zip 32941-0518		City & State Melbourne FL Zip 32941-0518	
Country US		Country US	
4. FEI Number 59-3624703		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRACI, FRANCIS 3585 GLORIA AVE MIMS, FL 32754		7. Name and Address of New Registered Agent Name ANDREW M WALTERS Street Address (P.O. Box Number is Not Acceptable) 700 PARK AVE - City TITUSVILLE FL Zip Code 32780	
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 Andrew M. Walters, President / 11/07 <small>(NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	DP FRANCIS, TRACI 3585 GLORIA AVE MIMS, FL 32754	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Walters, Andrew M. 700 Park Avenue Titusville, FL 32780
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCCARTER, JANIS 1549 CLOVER CIR MELBOURNE, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Francis, Traci 3585 Gloria Ave Mims, FL 32754
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZVP HAYES, NORMAN C 103 ANONA PL INDIAN HARBOR BEACH, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T meagher, Carolyn J. 3828 St. Armands Circle Melbourne, FL 32934
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDY, WILLIAMS PO BOX 565002 ROCKLEDGE, FL 32955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Goodwin, Terri PO BOX 465 Scottsboro FLA 32775
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASIELLO, MARTHA 206 S. BREVARD AVE. COCOA BEACH, FL 32931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T meagher, Carolyn J. 3828 St. Armands Circle Melbourne, FL 32934
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Treasurer Carolyn J Meagher 4/12/07 321-757-6955 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			