

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90017 043 ****61.25

DOCUMENT # N00000002418

1. Entity Name

BREVARD COUNTY TRIAD, INC.



Principal Place of Business

P.O. BOX 410518
MELBOURNE FL 32941-0518
US

Mailing Address

P.O. BOX 410518
MELBOURNE FL 32941-0518
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-3624703

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTERS, ANDREW M
700 PARK AVE
TITUSVILLE FL 32780

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and the fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	FRANCIS, TRACI	
STREET ADDRESS	3585 GLORIA AVE	
CITY- ST- ZIP	MIMS FL 32754	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WALTERS, ANDREW M	
STREET ADDRESS	700 PARK AVENUE	
CITY- ST- ZIP	TITUSVILLE FL 32780	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	HAYES, NORMAN C	
STREET ADDRESS	103 ANONA PL	
CITY- ST- ZIP	INDIAN HARBOR BEACH FL 32937	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEAGHER, CAROLYN J	
STREET ADDRESS	3828 ST. ARMENS CIRCLE	
CITY- ST- ZIP	MELBOURNE FL 32934	
TITLE	PIO	<input type="checkbox"/> Delete
NAME	GOODWIN, TERRI	
STREET ADDRESS	P.O. BOX 465	
CITY- ST- ZIP	SCOTTSMOOR FL 32775	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MASIELLO, MARTHA	
STREET ADDRESS	206 S. BREVARD AVE.	
CITY- ST- ZIP	COCOA BEACH FL 32931	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Carolyn J. Meagher Treasurer Carolyn J. Meagher 2/27/08 321-757-6980