

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002418

FILED
Mar 13, 2009
Secretary of State

Entity Name: BREVARD COUNTY TRIAD, INC.

Current Principal Place of Business:

P.O. BOX 410518
MELBOURNE, FL 329410518 US

New Principal Place of Business:

777 E. MERRITT ISLAND CSWY.
MERRITT ISLAND, FL 32952 US

Current Mailing Address:

P.O. BOX 410518
MELBOURNE, FL 329410518 US

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:

WALTERS, ANDREW M
700 PARK AVE
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: FRANCIS, TRACI
Address: 3585 GLORIA AVE
City-St-Zip: MIMS, FL 32754 US

Title: DP () Delete
Name: WALTERS, ANDREW M
Address: 700 PARK AVENUE
City-St-Zip: TITUSVILLE, FL 32780 US

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

Title: T () Delete
Name: MEAGHER, CAROLYN J
Address: 3828 ST. ARMENS CIRCLE
City-St-Zip: MELBOURNE, FL 32934 US

Title: PIO () Delete
Name: GOODWIN, TERRI
Address: P.O. BOX 465
City-St-Zip: SCOTTSMOOR, FL 32775 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: S () Change (X) Addition
Name: WILLAIMS, SANDY
Address: PO BOX 565002
City-St-Zip: ROCKLEDGE, FL 32955 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CAROLYN J. MEAGHER

T

03/13/2009

Electronic Signature of Signing Officer or Director

Date