2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2010
Secretary of State

DOCUMENT# N00000002418

Entity Name: BREVARD COUNTY TRIAD, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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
Name: FRANCIS, TRACI
Address: 3585 GLORIA AVE
City-St-Zip: MIMS, FL 32754 US

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

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

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

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

Title: S
Name: WILLAIMS, SANDY
Address: PO BOX 565002
City-St-Zip: ROCKLEDGE, FL 32955 US

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN J. MEAGHER T 01/16/2010

Electronic Signature of Signing Officer or Director — Date