2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# N03000009319

Entity Name: BFOCASD INCORPORATED

Current Principal Place of Business:

743 CONESTEE DR.
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

743 CONESTEE DR.
WEST MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 01-0796605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHEAT, CARI R
743 CONESTEE DR.
WEST MELBOURNE, FL 32904 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:	P	( ) Delete
Name:	WHEAT, CARI R	
Address:	743 CONESTEE DR.	
City-St-Zip:	WEST MELBOURNE, FL 32904	
Title:	V	( ) Delete
Name:	GARGANO, VICTORIA A	
Address:	535 SEDGEWOOD CR.	
City-St-Zip:	WEST MELBOURNE, FL 32904	
Title:	S	( ) Delete
Name:	KOLMEL, LINDA	
Address:	6580 LOS PAMOS DR,	
City-St-Zip:	GRANT, FL 32949	
Title:	T	( ) Delete
Name:	DEMMLER, MELANIE L	
Address:	391 NEPTUNE DR. N.E.	
City-St-Zip:	PALM BAY, FL 32907	

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:	T	(X) Change ( ) Addition
Name:	KOLMEL, LINDA	
Address:	6580 LOS PAMOS DR.	
City-St-Zip:	GRANT, FL 32949	

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: CARI WHEAT P 01/04/2005

Electronic Signature of Signing Officer or Director — Date