

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009319

FILED
Feb 19, 2007
Secretary of State

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: KOLMEL, LINDA
Address: 6580 LOS PAMOS DR.
City-St-Zip: GRANT, FL 32949

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARI WHEAT

P

02/19/2007

Electronic Signature of Signing Officer or Director

Date