

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005524

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: FORM-BASED CODES INSTITUTE, INC.

## Current Principal Place of Business:

1571 SUNSET DR  
CORAL GABLES, FL 33143

## New Principal Place of Business:

## Current Mailing Address:

1571 SUNSET DR  
CORAL GABLES, FL 33143

## New Mailing Address:

FEI Number: 76-0796091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POOLE, SAMUEL E III  
350 EAST LAS OLAS BLVD SUITE 1000  
FT LAUDERDALE, FL 33301 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: D ( ) Delete  
Name: CRAWFORD, PAUL  
Address: 641 HIGUERA STREET SUITE 302  
City-St-Zip: SAN LUIS OBISPO, CA 93401

Title: D ( ) Delete  
Name: DOVER, VICTOR  
Address: 1571 SUNSET DR  
City-St-Zip: CORAL GABLES, FL 33143

Title: D ( ) Delete  
Name: DUANY, ANDRES M  
Address: 1023 SW 25TH AVE  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: FERRELL, GEOFF  
Address: 19 14TH STREET SE  
City-St-Zip: WASHINGTON, DC 20003

Title: D ( ) Delete  
Name: KATZ, PETER  
Address: 107 S WEST STREET #330  
City-St-Zip: ALEXANDRIA, VA 22314

Title: D (X) Delete  
Name: KOHL, JOSEPH  
Address: 1571 SUNSET DR  
City-St-Zip: CORAL GABLES, FL 33143

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KOHL, JOSEPH  
Address: 1571 SUNSET DR  
City-St-Zip: CORAL GABLES, FL 33143

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

Title: D (X) Change ( ) Addition  
Name: WILLIAM, SPIKOWSKI  
Address: 1617 HENDRY STREET, SUITE 416  
City-St-Zip: FORT MYERS, FL 33901

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

Title: D (X) Change ( ) Addition  
Name: PAROLEK, KAREN  
Address: 1285 GILMAN STREET  
City-St-Zip: BERKELEY, CA 94706

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

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: JOSEPH A KOHL

D

02/16/2009

Electronic Signature of Signing Officer or Director

Date