

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005524

FILED
May 03, 2010
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

POOLE, SAMUEL E III
350 EAST LAS OLAS BLVD SUITE 1000
FT LAUDERDALE, FL 33301 US

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
Name: KOHL, JOSEPH
Address: 1571 SUNSET DR
City-St-Zip: CORAL GABLES, FL 33143

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

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

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

Title: D
Name: PAROLEK, KAREN
Address: 1285 GILMAN STREET
City-St-Zip: BERKELEY, CA 94706

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: JOSEPH KOHL

D

05/03/2010

Electronic Signature of Signing Officer or Director

Date