


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90077 026 \*\*\*61.25

<b>DOCUMENT # N94000006230</b>					
<b>1. Entity Name</b> BUILDING OFFICIALS ASSOCIATION OF BREVARD COUNTY, INC.					
<b>Principal Place of Business</b> 900 E STRAWBRIDGE AVE MELBOURNE, FL 32901			<b>Mailing Address</b> 900 E STRAWBRIDGE AVE MELBOURNE, FL 32901		
<b>2. Principal Place of Business - No P.O. Box #</b> 1600 Huntington Lane		<b>3. Mailing Address</b> 1600 Huntington Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Rockledge, FL		<b>City &amp; State</b> Rockledge, FL		<b>4. FEI Number</b> 59-3336413	
<b>Zip</b> 32955		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  MARIAN, JOHN F. 2285 MINTON ROAD WEST MELBOURNE, FL 32904			<b>7. Name and Address of New Registered Agent</b> Name <b>Marian, John F</b> Street Address (P.O. Box Number is Not Acceptable) 2085 South River Road City <b>Melbourne Beach</b> <b>FL</b> Zip Code <b>32951</b>		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE <u>John Marian</u> <i>John F. Marian</i> <span style="float: right;">3-14-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> TALBERT, TERRY W <b>STREET ADDRESS</b> 900 E. STRAWBRIDGE AVE <b>CITY - ST - ZIP</b> MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Todd R. Morley <b>STREET ADDRESS</b> 105 Polk Avenue <b>CITY - ST - ZIP</b> Cape Canaveral, FL 32920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> MORLEY, TODD <b>STREET ADDRESS</b> 105 POLK AVE <b>CITY - ST - ZIP</b> CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> Carl L. Jones <b>STREET ADDRESS</b> 1600 Huntington Lane <b>CITY - ST - ZIP</b> Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> CURTIS, MADILANA K <b>STREET ADDRESS</b> 900 E STRAWBRIDGE AVE <b>CITY - ST - ZIP</b> MELBOURNE, FL 32901	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> TALBERT, TERRY W <b>STREET ADDRESS</b> 900 E STRAWBRIDGE <b>CITY - ST - ZIP</b> MELBOURNE, FL 32901	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Terry W. Talbert <b>STREET ADDRESS</b> 2725 Judge Fran Jamieson Way <b>CITY - ST - ZIP</b> Viera, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> JONES, CARL <b>STREET ADDRESS</b> 1900 HUNTINGTON LN <b>CITY - ST - ZIP</b> ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Al F. Beyer <b>STREET ADDRESS</b> 900 E. Strawbridge Avenue <b>CITY - ST - ZIP</b> Melbourne, FL 32901	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MARIAN, JOHN F <b>STREET ADDRESS</b> 2285 MINTON RD. <b>CITY - ST - ZIP</b> MELBOURNE, FL 32904	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> John F. Marian <b>STREET ADDRESS</b> 2085 South River Road <b>CITY - ST - ZIP</b> Melbourne Beach, FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Madilana K. Curtis</i> <b>Madilana Curtis</b>			<b>3/14/07</b>		<b>321 690-3984</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>