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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002576

1. Corporation Name
BEHAVIOR ANALYST CERTIFICATION BOARD, INC.

Principal Place of Business	Mailing Address
519 E PARK AVE TALLAHASSEE FL 32301	519 E PARK AVE TALLAHASSEE FL 32301

5-10-99 90064 046

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/05/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3514321 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHOOK, GERALD L 519 E PARK AVE TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	James M. Johnston	1.2 NAME	
STREET ADDRESS	187 Lee Rd. 820	1.3 STREET ADDRESS	
CITY-ST-ZIP	Opelika, AL 36804	1.4 CITY-ST-ZIP	
TITLE	Director ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Michael J. Hemingway	2.2 NAME	
STREET ADDRESS	1317 Winewood Blvd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32301	2.4 CITY-ST-ZIP	
TITLE	Director ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Jon S. Bailey	3.2 NAME	
STREET ADDRESS	2213 N. Bonaparte Dr.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32308	3.4 CITY-ST-ZIP	
TITLE	Director ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Leah Lebec	4.2 NAME	
STREET ADDRESS	10 Lauder Lane	4.3 STREET ADDRESS	
CITY-ST-ZIP	Greenwich, CT 06831	4.4 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Gerald L. Shook	5.2 NAME	
STREET ADDRESS	519 E. Park Ave	5.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32301	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 10/20/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

8501688757
Daytime Phone #