2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002576

FILED Mar 09, 2004 Secretary of State

Entity Name: BEHAVIOR ANALYST CERTIFICATION BOARD, INC.

Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:		
	MASVILLE RO	AD				
SUITE B TALLAHAS	SEE, FL 3230	08				
Current Mailing Address:			New Maili	New Mailing Address:		
3323 THON	MASVILLE RO	AD				
SUITE B TALLAHAS	SEE, FL 3230	08				
			FEI Number Not Appl	lumber Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	Surrent Registered Agent:	Name and	Address	of New Registered Agent:	
7009 DÚCŀ	ERALD L DR < COVE ROAI SSEE, FL 323					
	named entity s of Florida.	submits this statement for the p	urpose of changing i	ts registere	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () JOHNSTON, JA 187 LEE RD., 8 OPELIKA, AL 3	20	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () HEMINGWAY, I 1317 WINEWO TALLAHASSEE	OD BLVD.	Title: Name: Address: City-St-Zip:		(X) Change()Addition INA DR RFIELD STREET O, CA 92120	
Title: Name: Address: City-St-Zip:	D () BAILEY, JON S 2213 N. BONAF TALLAHASSEE	PARTE DR.	Title: Name: Address: City-St-Zip:	150 WEST	(X) Change()Addition C-DIAZ, JOSE DR UNIVERSITY DRIVE NE, FL 32901 69	
Title: Name: Address: City-St-Zip:	CAMAZINE, SC 310 WEST MAI		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SHOOK, GERALD L DR 7009 DUCK COVE ROAD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PARTINGTON, 1		Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. GERALD L SHOOK D 03/09/2004

RAY ROMANCZYK PO BOX 6000 SUNY BINGHAMTON BINGHAMTON, NY 13902 6000

CHERISH RICHARDS - D 5542 COSTAL LANE SOUTH JACKSONVILLE, FL 32258

DR. JOHN JACOBSON - T 627 PLYMOUTH AVENUE SCHENECTADY, NY 12308

DR. JOEL HUNDERT - D 57 YOUNG STREET HAMILTON, ONTARIO, CANADA L8N1V1