2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# N98000002576

Entity Name: BEHAVIOR ANALYST CERTIFICATION BOARD, INC.

Current Principal Place of Business:

METRO BUILDING, SUITE 102
1705 METROPOLITAN BLVD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

METRO BUILDING, SUITE 102
1705 METROPOLITAN BLVD.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3514321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHOOK, GERALD L DR
METRO BUILDING, SUITE 102
1705 METROPOLITAN BLVD.
TALLAHASSEE, FL 32308 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: P ( ) Delete
Name: JOHNSTON, JAMES M DR
Address: 187 LEE ROAD 820
City-St-Zip: OPELIKA, AL 36804

Title: D ( ) Delete
Name: GREEN, GINA DR
Address: 8037 DEERFIELD STREET
City-St-Zip: SAN DIEGO, CA 92120

Title: T ( ) Delete
Name: MARTINEZ-DIAZ, JOSE DR
Address: 150 WEST UNIVERSITY DRIVE
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: NILL, JENNICA
Address: 12 HAMPTON DRIVE
City-St-Zip: CENTER MORICHES, NY 11934

Title: S ( ) Delete
Name: SHOOK, GERALD L DR
Address: 7009 DUCK COVE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: ROMANCZYK, RAY DR
Address: SUNY BINHAMTON UNIVERSITY
City-St-Zip: BINGHAMTON, NY 13902 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FAVELL, JUDITH DR
Address: 28334 CHURCHILL-SMITH LANE
City-St-Zip: MOUNT DORA, FL 32757

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

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

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

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

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: GERALD L SHOOK SEC 03/05/2008

Electronic Signature of Signing Officer or Director — Date