

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004892

FILED
Feb 22, 2005
Secretary of State

Entity Name: THE BACKFLOW PREVENTION MANUFACTURER'S ASSOCIATION, INC.

Current Principal Place of Business:

924 LANE AVE N
JACKSONVILLE, FL 32254

New Principal Place of Business:

1257 WORCESTER RD., # 200
FRAMINGHAM, MA 01701

Current Mailing Address:

924 LANE AVE N
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-3660747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVINE, MICHAEL J
924 LANE AVE N
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

DEVINE, MICHAEL
4737 LONG BOW ROAD
JACKSONVILLE, FL 32210 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: MICHAEL J. DEVINE

02/22/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: DEVINE, MICHAEL J
Address: 924 LANE AVE N
City-St-Zip: JACKSONVILLE, FL 32254

Title: SD () Delete
Name: MCCOY, JIM
Address: 1257 WORCESTER RD #200
City-St-Zip: FRAMINGHAM, MA 01701

Title: PD () Delete
Name: FIELDS, RICK
Address: 1747 COMMERCE WAY
City-St-Zip: PASO ROBLES, CA 93446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: DEVINE, MICHAEL J
Address: 4737 LONG BOW ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD (X) Change () Addition
Name: MCCOY, JIM
Address: 1257 WORCESTER RD #200
City-St-Zip: FRAMINGHAM, MA 01701

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

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: MICHAEL J. DEVINE

PRES

02/22/2005

Electronic Signature of Signing Officer or Director

Date