


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90254 044 ****70.00

DOCUMENT # 737797	
1. Entity Name CIRCLES OF CARE, INC.	

Principal Place of Business 400 EAST SHERIDAN ROAD MELBOURNE, FL 32901	Mailing Address 400 EAST SHERIDAN ROAD MELBOURNE, FL 32901
--	--

40000531



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01022007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1101553	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent	
WHITAKER, JAMES B. 400 EAST SHERIDAN ROAD MELBOURNE, FL 32901	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JACKSON, NEIL M 400 EAST SHERIDAN ROAD MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEAVER, JOHN J 400 EAST SHERIDAN ROAD MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITAKER, JAMES B. 400 E. SHERIDAN ROAD MELBOURNE, FL 32901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FELDMAN, DAVID L. 400 E. SHERIDAN ROAD MELBOURNE, FL 32901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRY L HENSEL, PH.D. 400 E. SHERIDAN ROAD MELBOURNE, FL 32901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLENDER, JERRY ESQ 118 COUNTRY CLUB DRIVE TITUSVILLE, FL 32780 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD John J. Weaver 400 East Sheridan Road Melbourne, FL 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Charles J. Roberts 400 East Sheridan Road Melbourne FL 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 for 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.

SIGNATURE: James B. Whitaker **James B. Whitaker** 1/2/2007 321-984-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40000531
~~# 737797~~

7. Name: Rumbley, Paul Title: Director
Address: 274 Nesbitt Street
City, State, and Zip: Palm Bay FL 32907
8. Name: Evans, Hugh, Jr. Title: Director
Address: 1682 West Hibiscus Boulevard
City, State and Zip: Melbourne FL 32901
9. Name: Stark, John Title: Director
Address: 262 Merritt Island Causeway
City, State and Zip: Merritt Island FL 32952
10. Name: Greenwade, Ella Title: Director
Address: 3225 Birdsong Court
City, State and Zip: Melbourne FL 32934
11. Name: Harris, Dewey Title: Director
Address: 976 Brevard Avenue, Suite A
City, State and Zip: Rockledge FL 32955
12. Name: Heshmati, Dr. Heidar Title: Director
Address: 2575 N. Courtenay Parkway
City, State and Zip: Merritt Island FL 32953
13. Name: Jones, Dr. Alice Title: Director
Address: 2501 D SandTrap Lane
City, State and Zip: Melbourne FL 32935
14. Name: Jones-Francey, Darcia Title: Director
Address: P.O. Box 360843
City, State and Zip: Melbourne FL 32936-0843
15. Name: Kamboureli, George Title: Director
Address: 3343 Cloudberry Place
City, State and Zip: Melbourne FL 32940
16. Name: Kenkel, Dr. Mary Beth Title: Director
Address: 150 West University Boulevard
City, State and Zip: Melbourne FL 32901
17. Name: Masson, Jack Title: Director
Address: 2725 Judge Fran Jamieson Way
City, State and Zip: Viera FL 32940
18. Name: Pavlakos, Debra Title: Director
Address: 100 South Sykes Creek Parkway
City, State and Zip: Merritt Island FL 32952

ATTACHMENT 40000531

~~#~~ 737797

- | | |
|---|-----------------|
| 19. Rice, Phyllis
Address: 100 Riverside Drive, #904
City, State and Zip: Cocoa FL 32922 | Title: Director |
| 20. Name: Salonen, Robert
Address: 1698 B West Hibiscus Boulevard
City, State and Zip: Melbourne FL 32901 | Title: Director |
| 21. Name: Smith, Dr. Joe Lee
Address: 918 Levitt Parkway
City, State and Zip: Rockledge FL 32955 | Title: Director |
| 22. Name: Madden, Joan
Address: 1858 Quail Trail
City, State and Zip: Melbourne FL 32934 | Title: Director |
| 23. Name: Jackson, Neil M.
Address: 215 Baytree Drive
City, State and Zip: Melbourne FL 32940 | Title: Director |
| 24. Name: D'Albora, Noretta C.
Address: 9 River Ridge Drive
City, State and Zip: Rockledge FL 32955 | Title: Director |