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Mar 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769550 (5)

1. Corporation Name

SOUTH BREVARD GERIATRIC HEALTH CENTER, INC.

Principal Place of Business

618 E. MELBOURNE AVENUE
MELBOURNE FL 32902

Mailing Address

P.O. BOX 876
MELBOURNE FL 32902-0876
US

3. Date Incorporated or Qualified
07/26/1983

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLYDE, ORRIS E
119 W. LAILA DR.
W. MELBOURNE FL 32904

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME WHITE, JAMES
STREET ADDRESS 8021 PINENEEDLE LANE
CITY-ST-ZIP WEST MELBOURNE FL 32904

TITLE VD
NAME BOYER, REV. ALEXANDER
STREET ADDRESS 633 E. MELBOURNE AVE
CITY-ST-ZIP MELBOURNE FL 32901

TITLE D
NAME O'BRIEN, INGE
STREET ADDRESS 650 E. STRAWBRIDGE AV.
CITY-ST-ZIP MELBOURNE FL

TITLE TD
NAME ORRIS JR, E CLYDE
STREET ADDRESS 119 W LAILA DR
CITY-ST-ZIP W. MELBOURNE FL 32904

TITLE D
NAME FISH, EVELYN
STREET ADDRESS 2304 S. GREENWAY DR.
CITY-ST-ZIP MELBOURNE FL 32901

TITLE D
NAME GERRY SHEULIN
STREET ADDRESS 976 S. FORK CIR.
CITY-ST-ZIP MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

E. Clyde Orris Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/97

407-725-4717

Daytime Phone # 0018512

CR2E037 (9/96)