

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90038 047 \*\*\*\*61.25

**DOCUMENT # 769550**

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  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

07/26/1983

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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)

5/15/99  
DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE VD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE TD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*E. Clyde Orris, Jr.*  
CLYDE ORRIS, JR. 5/15/99 725-4717

CR2E037 (11/98)