

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769550

FILED
Sep 08, 2004
Secretary of State**Entity Name:** SOUTH BREVARD GERIATRIC HEALTH CENTER, INC.**Current Principal Place of Business:**618 E. MELBOURNE AVENUE
MELBOURNE, FL 32902**New Principal Place of Business:**618 E. MELBOURNE AVENUE
MELBOURNE, FL 32902 US**Current Mailing Address:**618 E. MELBOURNE AVENUE
MELBOURNE, FL 32902 US**New Mailing Address:**650 E. STRAWBRIDGE AVENUE
MELBOURNE, FL 32901 US**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DEL AGUILA, MARGARET F
700 E STRAWBRIDGE AVENUE
#1412-E
MELBOURNE, FL 32901 US**Name and Address of New Registered Agent:**WHITE, JAMES M
650 E STRAWBRIDGE AVENUE
MELBOURNE, FL 32901 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: MR. JAMES M. WHITE

09/08/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHITE, JAMES
Address: 8021 PINENEEDLE LANE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: VD () Delete
Name: BOYER, REV. ALEXANDE, R
Address: 633 E. MELBOURNE AVE
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: O'BRIEN, INGE
Address: 650 E. STRAWBRIDGE AV.
City-St-Zip: MELBOURNE, FL

Title: TD () Delete
Name: DEL AGUILA, MARGARET E
Address: 700 E STRAWBRIDGE AVENUE, #1412-E
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: MYSANTE, GERRY
Address: 2014 NICKLOYS DRIVE
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: SHEVLIN, JERRY
Address: 976 S. FORK CIRCLE
City-St-Zip: MELBOURNE, FL 32901

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

Title: D (X) Change () Addition
Name: SIMMONS, KATHY
Address: 198 BILLIAR AVENUE
City-St-Zip: PALM BAY, FL 32907

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: MR. JAMES M. WHITE

PD

09/08/2004

Electronic Signature of Signing Officer or Director

Date