

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90142 037 ****61.25

DOCUMENT # 769550

1. Entity Name

SOUTH BREVARD GERIATRIC HEALTH CENTER, INC.



Principal Place of Business

**618 E. MELBOURNE AVENUE
MELBOURNE FL 32902**

Mailing Address

**618 E. MELBOURNE AVENUE
MELBOURNE FL 32902
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**DEL AGUILA, MARGARET F
700 E STRAWBRIDGE AVENUE
#1412-E
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

Margaret E del Aguila

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **DEL AGUILA, MARGARET E**
STREET ADDRESS **700 E STRAWBRIDGE AVENUE, #1412-E**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MYSANTE, GERRY**
STREET ADDRESS **2014 NICKLOYS DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or 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: *Margaret E del Aguila*

SIGNATURE AND/OR PRINTED NAME OF AGENT

CR2E037 (10/02)