


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

06-17-2004 90001 044 ****61.25

DOCUMENT # N01000006570

1. Entity Name
COMMUNITY BASED CARE OF BREVARD, INC.



Principal Place of Business
**1485 S. SEMORAN BLVD., STE. 1448
 WINTER PARK, FL 32792 US**

Mailing Address
**1485 S. SEMORAN BLVD., STE. 1448
 WINTER PARK, FL 32792 US**

66429781



2. Principal Place of Business
**2725 JUDGE FRAN JAMIESON WAY
 SUITE B-103
 MELBOURNE FL**

3. Mailing Address
**2725 JUDGE FRAN JAMIESON WAY
 SUITE B-103
 MELBOURNE FL**

City & State
MELBOURNE FL

Zip
32940

Country
U.S.

01302004 Chg-NP CR2E037 (10/03)

4. FEI Number
02-0545137

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PATRICK, JAMES
 1485 S SEMORAN BLVD, SUITE 1448
 WINTER PARK, FL 32792**

7. Name and Address of New Registered Agent
 Name **GAY WILLIAMS**
 Street Address (P.O. Box Number is Not Acceptable)
2725 JUDGE FRAN JAMIESON WAY SUITE B-103
 City **MELBOURNE FL** Zip Code **32940**

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 *Gay D. Williams* (NOTE: Registered Agent signature required when reinstating)

DATE **7/6/04**

Filing Fee is **\$61.25** Due by **May 1, 2004**

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	D PATRICK, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	1485 S. SEMORAN BLVD., STE. 1448	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE NAME	S CASEL, GLEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1485 S SERMON BLVD #148	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE NAME	D DEMARK, DIANE	<input type="checkbox"/> Delete
STREET ADDRESS	1485 S SERMON BLVD., #1448	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE NAME	D HIGGS, NANCY	<input type="checkbox"/> Delete
STREET ADDRESS	1311 EAST NEWHAVEN AVE	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D KIMBERLY BRIEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1485 S SEMORAN BLVD, STE 1448	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE NAME	CHAIRPERSON GAY WILLIAMS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2725 JUDGE FRAN JAMIESON WAY STE B-103	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE NAME	VICE-CHAIRPERSON CAROL DELOACH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5850 T-LEE BLVD, SUITE 400	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE NAME	T PAMELA GRIFFITH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5820 T-LEE BLVD SUITE 400	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE NAME	D STOKTON WHITTEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2725 JUDGE FRAN JAMIESON WAY Bldg C	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE NAME	D LEO ROSLIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1030 SOUTH US 1	
CITY-ST-ZIP	ROCKLEAGE FL 32955	

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: *Pamela H. Griffith* (Pamela H. Griffith, Treasurer) 6/15/04 407-857-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

66429781

#NO 1000006570

Additional/Changes to Officers and Directors in 10

Title
Name
Street Address
City-ST-ZIP

D
Patricia Hurst
8000 Devereux Drive
Viera, FL 32940

Change Addition