

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90075 001 ****61.25

DOCUMENT # N01000006570

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



Principal Place of Business
2725 JUDGE FRAN JAMIESON WAY
STE B-103
MELBOURNE, FL 32940 US

Mailing Address
2725 JUDGE FRAN JAMIESON WAY
STE B-103
MELBOURNE, FL 32940 US

20063541



2. Principal Place of Business
4450 W. Eau Gallie Blvd.
 Suite, Apt. #, etc.
STE 180

3. Mailing Address
4450 W. Eau Gallie Blvd.
 Suite, Apt. #, etc.
STE 180

07012005 Chg-NP CR2E037 (10/03)

City & State
Melbourne, FL

City & State
Melbourne, FL

4. FEI Number
02-0545137

Applied For
 Not Applicable

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

Zip
32934 Country
USA

Zip
32934 Country
USA

6. Name and Address of Current Registered Agent
WILLIAMS, GAY
2725 JUDGE JAMIESON WAY STE B-103
MELBOURNE, FL 32940

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 *Gay Williams* DATE **7/7/05**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**
 Due by **September 7, 2005**

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 D NAME PATRICK, JAMES STREET ADDRESS 1485 S. SEMORAN BLVD., STE. 1448 CITY-ST-ZIP WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete	TITLE D; Vice Chairman NAME DeLoach, Carol STREET ADDRESS 5850 TG Lee Blvd, STE 400 CITY-ST-ZIP Orlando, FL 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME CASEL, GLEN STREET ADDRESS 1485 S SERMON BLVD #148 CITY-ST-ZIP WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete	TITLE D NAME Weinberg, Doug STREET ADDRESS 1485 S. Semoran Blvd, STE 1448 CITY-ST-ZIP Winter Park, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME DEMARK, DIANE STREET ADDRESS 1485 S SERMON BLVD., #1448 CITY-ST-ZIP WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE S NAME Demark, Diane STREET ADDRESS 1485 S. Semoran Blvd, STE 1448 CITY-ST-ZIP Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HIGGS, NANCY STREET ADDRESS 1311 EAST NEWHAVEN AVE CITY-ST-ZIP MELBOURNE, FL 32901	<input type="checkbox"/> Delete	TITLE D NAME McGill, Maggie STREET ADDRESS 2012 Renaissance Blvd. CITY-ST-ZIP King of Prussia, PA 19406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BRIEN, KIMBERLY STREET ADDRESS 1485 S SEMORAN BLVD STE 1448 CITY-ST-ZIP WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete	TITLE T NAME Whitten, Stockton STREET ADDRESS 2725 Judge Fran Jamieson way, Bldg. C CITY-ST-ZIP Viera, FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE C NAME WILLIAMS, GAY STREET ADDRESS 2725 JUDGE FRAN JAMIESON WAY STE B-103 CITY-ST-ZIP MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE D NAME Roselip, Leo STREET ADDRESS 1030 S. 251 CITY-ST-ZIP Rockledge, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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 *Gay Williams* DATE **7/7/05**


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

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

pg 2 of 2

ATTACHMENT

20063541

DOCUMENT # N01000006570				
1. Entity Name COMMUNITY BASED CARE OF BREVARD, INC.				
Principal Place of Business 2725 JUDGE FRAN JAMIESON WAY STE B-103 MELBOURNE, FL 32940 US		Mailing Address 2725 JUDGE FRAN JAMIESON WAY STE B-103 MELBOURNE, FL 32940 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 WILLIAMS, GAY 2725 JUDGE JAMIESON WAY STE B-103 MELBOURNE, FL 32940		7. Name and Address of New Registered Agent		
Name		Name		
Street Address (P.O. Box Number is Not Acceptable)		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				

07062005 Chg-NP CR2E037 (10/03)

4. FEI Number **02-0545137** Applied For Not Applicable

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

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PATRICK, JAMES			NAME	<i>Voltz, Helen</i>		
STREET ADDRESS	1485 S. SEMORAN BLVD., STE. 1448			STREET ADDRESS	<i>1311 E. New Haven</i>		
CITY-ST-ZIP	WINTER PARK, FL 32792			CITY-ST-ZIP	<i>Melbourne, FL 32901</i>		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASEL, GLEN			NAME			
STREET ADDRESS	1485 S SERMON BLVD #148			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32792			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMARK, DIANE			NAME			
STREET ADDRESS	1485 S SERMON BLVD #1448			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32792			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGGS, NANCY			NAME			
STREET ADDRESS	1311 EAST NEWHAVEN AVE			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32901			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIEN, KIMBERLY			NAME			
STREET ADDRESS	1485 S SEMORAN BLVD STE 1448			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32792			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, GAY			NAME			
STREET ADDRESS	2725 JUDGE FRAN JAMIESON WAY STE B-103			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32940			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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____