

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 20, 2006 8:00 am
Secretary of State


03-20-2006 90012 014 ****61.25

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DOCUMENT # N0100006570

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



Principal Place of Business
 4450 WEAU GALLIE BLVD
 STE 180
 MELBOURNE, FL 32934 US

Mailing Address
 4450 WEAU GALLIE BLVD
 STE 180
 MELBOURNE, FL 32934 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

03142006 Chg-NP CR2E037 (11/05)

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

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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 STREET ADDRESS CITY-ST-ZIP	DVC DELOACH, CAROL 5850 TG LEE BLVD, STE 400 ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERG, DOUG 1485 S SEMOTAN BLVD, STE 1448 WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEMARK, DIANE 1485 S SERMON BLVD., #1448 WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGS, NANCY 1311 EAST NEWHAVEN AVE MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGILL, MAGGIE 1485 S SEMORAN BLVD, STE 1448 WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WILLIAMS, GAY 2725 JUDGE FRAN JAMIESON WAY STE B-103 MELBOURNE, FL 32940	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Stockton Whitten 2725 Judge Fran Jamieson way, Bldg C Viera, FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair Leo Roselip 1030 South US 1 Rockledge, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Patricia Bellus 164 Joan Place Indialantic, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Chad Carnell 1121 Kentucky Av St. Cloud FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Quality Operations Officer Kellie Sweat PO Box 237142 Cocoa, FL 32923	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director of Public Relations & Procurement Richelle Holmes 407 Sandpiper Dr Satellite Beach, FL 32937	<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 exemptions contained in Chapter 119, 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: Chad S. Carnell Chad S. Carnell 3/15/06 321-752-3183
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

20017803

Community Based Care of Brevard, Inc.
Additions to the Officers and Directors
2006 Not-for-Profit Annual Report
Document# N01000006570

Title	Director of Children and Family Services
Name	Valerie Holmes
Address	107 E. Ocean Av
City, State, Zip	Edgewater, FL 32132