
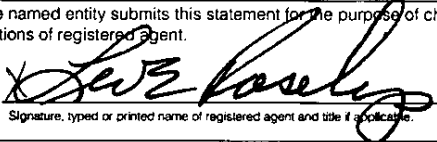



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90051 042 \*\*\*\*61.25

<b>DOCUMENT # N01000006570</b> 1. Entity Name <b>COMMUNITY BASED CARE OF BREVARD, INC.</b>			
Principal Place of Business <b>4450 WEAU GALLIE BLVD</b> <b>STE 180</b> <b>MELBOURNE, FL 32934 US</b>		Mailing Address <b>4450 WEAU GALLIE BLVD</b> <b>STE 180</b> <b>MELBOURNE, FL 32934 US</b>	
2. Principal Place of Business - No P.O. Box # <b>760 NORTH DRIVE</b> Suite, Apt. #, etc. <b>STE. E</b>		3. Mailing Address <b>760 NORTH DRIVE</b> Suite, Apt. #, etc. <b>STE. E</b>	
City & State <b>MELBOURNE FL</b>		City & State <b>MELBOURNE FL</b>	
Zip <b>32934</b>	Country <b>USA</b>	Zip <b>32934</b>	Country <b>USA</b>
4. FEI Number <b>02-0545137</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WILLIAMS, GAY</b> <b>2725 JUDGE JAMIESON WAY STE B-103</b> <b>MELBOURNE, FL 32940</b>		7. Name and Address of New Registered Agent Name <b>LEO ROSELIP</b> Street Address (P.O. Box Number is Not Acceptable) <b>1030 S. US 1</b> City <b>ROCKLEDGE FL</b> Zip Code <b>32955</b>	
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 		LEO ROSELIP, CHAIR 3/27/08 (NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TG WHITTEN, STOCKTON 2725 JUDGE FRAN JAMIESON WAY BLDG C MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ROSELIP, LEO 1030 S US 1 ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO NELLIUS, PATRICIA 933 MISTY CREEK DR MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CARNELL, CHAD 3320 POND PINE RD SAINT CLOUD, FL 34772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, JAMES 245 SATELLITE AVE SATELLITE BEACH, FL 32437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WILLIAMS, GAY 2725 JUDGE FRAN JAMIESON WAY STE B-103 MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			TITLE NAME STREET ADDRESS CITY-ST-ZIP
			TITLE NAME STREET ADDRESS CITY-ST-ZIP
			TITLE NAME STREET ADDRESS CITY-ST-ZIP
			TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 CARNELL, CFO 321-752-4050 x2008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

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# ATTACHMENT

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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # n01000006570

COMMUNITY BASED CARE OF BREVARD, INC.

## Officers and Directors listing (continued)

Title:	D
Name:	Holt, Leigh
Street Address:	2725 Judge Fran Jamieson Way, Bldg C
City-St-ZIP:	Melbourne, FL 32940
Title:	D
Name:	Burnett, Irene
Street Address:	760 North Drive, Ste. E
City-St-ZIP:	Melbourne, FL 32934
Title:	D
Name:	Higgs, Nancy
Street Address:	760 North Drive, Ste. E
City-St-ZIP:	Melbourne, FL 32934
Title:	VCD
Name:	Ryder, William
Street Address:	760 North Drive, Ste. E
City-St-ZIP:	Melbourne, FL 32934
Title:	D
Name:	Voltz, Helen
Street Address:	1311 E. New Haven
City-St-ZIP:	Melbourne, FL 32901
Title:	D
Name:	McKibben, Kelly
Street Address:	2825 Judge Fran Jamieson Way
City-St-ZIP:	Melbourne, FL 32940
Title:	CPAO
Name:	Randall, Valerie
Street Address:	760 North Drive, Ste. E
City-St-ZIP:	Melbourne, FL 32934