## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000006570

Jan 21, 2011 Secretary of State

Entity Name: COMMUNITY BASED CARE OF BREVARD, INC.

**New Principal Place of Business: Current Principal Place of Business:** 

760 NORTH DRIVE

SUITE E

MELBOURNE, FL 32934

**New Mailing Address: Current Mailing Address:** 

760 NORTH DRIVE

SUITE E

MELBOURNE, FL 32934 US

FEI Number: 02-0545137 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RYDER, WILLIAM 760 NORTH DRIVE

SUITE E

MELBOURNE, FL 23934 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

WHITTEN, STOCKTON Name:

Address: 2725 JUDGE FRAN JAMIESON WAY BLDG C

City-St-Zip: MELBOURNE, FL 32940

Title: CD

Name: RYDER, WILLIAM Address: 760 NORTH DRIVE SUITE E City-St-Zip: MELBOURNE, FL 32934

Title: CEO

NELLIUS-GUTHRIE, PATRICIA Name: Address: 760 NORTH DRIVE SUITE A City-St-Zip: MELBOURNE, FL 32934

Title: CFO

Name: CARNELL, CHAD

Address: 760 NORTH DRIVE SUITE E City-St-Zip: MELBOURNE, FL 32934

Title: COO

CARLSON, JAMES Name: 760 NORTH DRIVE SUITE A Address: MELBOURNE, FL 32934 City-St-Zip:

Title:

VOLTZ, HELEN VCD Name: Address: 760 NORTH DRIVE SUITE E MELBOURNE, FL 32934 City-St-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHAD CARNELL **CFO** 01/21/2011