

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006570

FILED
Feb 23, 2012
Secretary of State

Entity Name: COMMUNITY BASED CARE OF BREVARD, INC.

Current Principal Place of Business:

760 NORTH DRIVE
SUITE E
MELBOURNE, FL 32934 US

New Principal Place of Business:

2301 W. EAU GALLIE BLVD
SUITE 104
MELBOURNE, FL 32935 US

Current Mailing Address:

760 NORTH DRIVE
SUITE E
MELBOURNE, FL 32934 US

New Mailing Address:

2301 W. EAU GALLIE BLVD
SUITE 104
MELBOURNE, FL 32935 US

FEI Number: 02-0545137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYDER, WILLIAM
760 NORTH DRIVE
SUITE E
MELBOURNE, FL 23934 US

Name and Address of New Registered Agent:

WHITTEN, STOCKTON
2301 W. EAU GALLIE BLVD
SUITE 104
MELBOURNE, FL 32935 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: STOCKTON WHITTEN

02/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: WHITTEN, STOCKTON
Address: 2301 W. EAU GALLIE BLVD, SUITE 104
City-St-Zip: MELBOURNE, FL 32935

Title: D
Name: HENSLER, GLORIA
Address: 2301 W. EAU GALLIE BLVD, SUITE 104
City-St-Zip: MELBOURNE, FL 32935

Title: CEO
Name: NELLIUS, PATRICIA
Address: 2301 W. EAU GALLIE BLVD, SUITE 104
City-St-Zip: MELBOURNE, FL 32935

Title: CCO
Name: DAVIDSON-COOK, DEBORAH
Address: 2301 W. EAU GALLIE BLVD, SUITE 104
City-St-Zip: MELBOURNE, FL 32935

Title: COO
Name: CARLSON, JAMES
Address: 2301 W. EAU GALLIE BLVD, SUITE 104
City-St-Zip: MELBOURNE, FL 32935

Title: VC
Name: MCKIBBEN, KELLY
Address: 2301 W. EAU GALLIE BLVD, SUITE 104
City-St-Zip: MELBOURNE, FL 32935

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: GLORIA HENSLER

D

02/23/2012

Electronic Signature of Signing Officer or Director

Date