

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007754

FILED
Apr 26, 2006
Secretary of State

Entity Name: BREVARD ASSOCIATION OF HUMAN SERVICES, INC.

Current Principal Place of Business:

P. O. BOX 964
MELBOURNE, FL 32902

New Principal Place of Business:

21 SUNTREE PLACE
SUITE 100
MELBOURNE, FL 32940

Current Mailing Address:

P. O. BOX 964
MELBOURNE, FL 32902

New Mailing Address:

21 SUNTREE PLACE
SUITE 100
MELBOURNE, FL 32940

FEI Number: 20-1540381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARGENT, DONNA C
1139 WHITE OAK CIRCLE
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

JOHNSON, WILLIAM A
21 SUNTREE PLACE
SUITE 100
MELBOURNE, FL 32940 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: WILLIAM A. JOHNSON

04/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SARGENT, DONNA
Address: 1139 WHITE OAK CIR.
City-St-Zip: MELBOURNE, FL 32934

Title: VD () Delete
Name: CUMMINS, KATHLEEN
Address: 2680 CROTON ROAD
City-St-Zip: MELBOURNE, FL 32935

Title: TD () Delete
Name: VICTOR, SARGENT
Address: 1139 WHITE OAK CIRCLE
City-St-Zip: MELBOURNE, FL 32934

Title: SD () Delete
Name: CARR, MARY-LOU
Address: 129 SOUTH U.S. 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD () Delete
Name: OTTO, WANDA
Address: 1900 DAIRY ROAD
City-St-Zip: W. MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SARGENT, DONNA
Address: 1139 WHITE OAK CIR.
City-St-Zip: MELBOURNE, FL 32934

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: JOHNSON, WILLIAM
Address: 21 SUNTREE PLACE
City-St-Zip: MELBOURNE, FL 32940

Title: TD (X) Change () Addition
Name: TERRY, NORMAN
Address: 21 SUNTREE PLACE
City-St-Zip: MELBOURNE, FL 32940

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM A. JOHNSON

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date