


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90063 039 ****61.25

DOCUMENT # N04000007754		
1. Entity Name BREVARD ASSOCIATION OF HUMAN SERVICES, INC.		

Principal Place of Business 21 SUNTREE PLACE SUITE 100 MELBOURNE, FL 32940	Mailing Address 21 SUNTREE PLACE SUITE 100 MELBOURNE, FL 32940
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2. Principal Place of Business - No P.O. Box # 8085 Spyglass Rd.		3. Mailing Address BAHS @ P.O. Box	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Viera FL		City & State Melbourne FL	
Zip 32940	Country US	Zip 32902	Country US

6. Name and Address of Current Registered Agent JOHNSON, WILLIAM A 21 SUNTREE PLACE SUITE 100 MELBOURNE, FL 32940	
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7. Name and Address of New Registered Agent Name Lisa - Santa-Croce Street Address (P.O. Box Number is Not Acceptable) 8085 Spyglass Hill Road, City Viera FL , Zip Code 32940	
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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 myleia in care of BAHS treasurer april-30-07	DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARGENT, DONNA 1139 WHITE OAK CIR. MELBOURNE, FL 32934 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lisa Santa-Croce PO Box 964 Melbourne FL 32902-0964 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUMMINS, KATHLEEN 2680 CROTON ROAD MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Matthew Barber PO Box 964 Melbourne FL 32902 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, WILLIAM 21 SUNTREE PLACE MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD megan Keith 96 Columbia St Apt 6 Orlando FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TERRY, NORMAN 21 SUNTREE PLACE MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Diane Barnes PO Box 964 Melbourne FL 32902 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OTTO, WANDA 1900 DAIRY ROAD W. MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lisa Wilbur + Ambassador 21 Suntree Place Melbourne Florida 32940 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.	
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SIGNATURE: myleia	DATE: april-30-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

40098986



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4. FEI Number 20-1540381	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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