

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90035 008 \*\*\*\*61.25

**DOCUMENT # N04000007754**

1. Entity Name  
**BREVARD ASSOCIATION OF HUMAN SERVICES, INC.**



Principal Place of Business  
**8085 SPY HILL GLASS RD.  
VIERA, FL 32940**

Mailing Address  
**BAMS  
PO BOX  
MELBOURNE, FL 32902**

**60024823**



2. Principal Place of Business - No P.O. Box #

**2667 Hopi Dr**

Suite, Apt. #, etc.

3. Mailing Address

**BAHS**

Suite, Apt. #, etc.

**PO Box 964**

01022008 Chg-NP CR2E037 (12/06)

City & State

**Melbourne, FL**

City & State

**Melbourne, FL**

4. FEI Number  
**20-1540381**

Applied For

Not Applicable

Zip

**32935**

Country

**Brevard**

Zip

**32902**

Country

**Brevard**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LISA- SANTA- CROCE  
8085 SPYGLASS MILL ROAD  
VIERA, FL 32940**

7. Name and Address of New Registered Agent

Name **Melissa Mitchell**

Street Address (P.O. Box Number is Not Acceptable)

**2667 Hopi Dr**

City

**Melbourne**

**FL**

Zip Code

**32935**

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

*Melissa Mitchell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

**4/2/08**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **SANTA-CROCE, LISA**  
STREET ADDRESS **PO BOX 964**  
CITY-ST-ZIP **MELBOURNE, FL 329020964**

TITLE **D** ☒ Change ☐ Addition  
NAME **Hartwell, Phil?**  
STREET ADDRESS **1612 Clover Circle**  
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **VD** ☒ Delete  
NAME **BARBER, MATTHEW**  
STREET ADDRESS **PO BOX 964**  
CITY-ST-ZIP **MELBOURNE, FL 32902**

TITLE **VD** ☒ Change ☐ Addition  
NAME **ROSSELL, RICHARD**  
STREET ADDRESS **4291 WOODHALL CIRCLE**  
CITY-ST-ZIP **VIERA, FL 32955**

TITLE **TD** ☒ Delete  
NAME **KEITH, MEGAN**  
STREET ADDRESS **96 COLUMBIA ST. APT 6**  
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Melissa Mitchell**  
STREET ADDRESS **2667 Hopi Dr**  
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **SD** ☒ Delete  
NAME **BAMES, DIANE**  
STREET ADDRESS **PO BOX 964**  
CITY-ST-ZIP **MELBOURNE, FL 32902**

TITLE **SD** ☒ Change ☐ Addition  
NAME **BOWLES, MARIE**  
STREET ADDRESS **1424 LILLIAN LANE**  
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE **A** ☐ Delete  
NAME **WILBURT, LISA**  
STREET ADDRESS **21 SUNTREE PLACE**  
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Melissa Mitchell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/08**

DATE

**321-474-5964**

DAYTIME PHONE #