

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0700000552

FILED
Mar 30, 2009
Secretary of State

Entity Name: HBCA OF BREVARD BUILDERS CARE, INC.

Current Principal Place of Business:

1500 W. EAU GALLIE BLVD SUITE A
MELBOURNE, FL 329355398

New Principal Place of Business:

Current Mailing Address:

1500 W. EAU GALLIE BLVD SUITE A
MELBOURNE, FL 329355398

New Mailing Address:

FEI Number: 26-0653688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAISER, FRANCK
1500 W. EAU GALLIE BLVD SUITE A
MELBOURNE, FL 329355398 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: FLEIS, JERRY
Address: 1500 W. EAU GALLIE BLVD SUITE A
City-St-Zip: MELBOURNE, FL 329355398

Title: DS () Delete
Name: BOWES, MARK
Address: 1500 W. EAU GALLIE BLVD SUITE A
City-St-Zip: MELBOURNE, FL 329355398

Title: DT () Delete
Name: KAISER, FRANCK
Address: 1500 W. EAU GALLIE BLVD SUITE A
City-St-Zip: MELBOURNE, FL 329355398

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GOVER, KEITH
Address: 1500 W. EAU GALLIE BLVD SUITE A
City-St-Zip: MELBOURNE, FL 329355398

Title: DS (X) Change () Addition
Name: FRANZ, TOM
Address: 1500 W. EAU GALLIE BLVD SUITE A
City-St-Zip: MELBOURNE, FL 329355398

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

Title: EO () Change (X) Addition
Name: FARR, BOB
Address: 1500 W EAU GALLIE BLVD #A
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify 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: FRANCK KAISER

DT

03/30/2009

Electronic Signature of Signing Officer or Director

Date