

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005552

FILED
Apr 18, 2011
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:

1500 W. EAU GALLIE BLVD SUITE
B-2
MELBOURNE, FL 329355398

Current Mailing Address:

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

New Mailing Address:

1500 W. EAU GALLIE BLVD SUITE
B-2
MELBOURNE, FL 329355398

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
Name: FOLEY, DAVID
Address: 1500 W. EAU GALLIE BLVD SUITE B-2
City-St-Zip: MELBOURNE, FL 329355398

Title: DS
Name: EGGERS, GARY
Address: 1500 W. EAU GALLIE BLVD SUITE B-2
City-St-Zip: MELBOURNE, FL 329355398

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

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: FRANCK KAISER

DT

04/18/2011

Electronic Signature of Signing Officer or Director

Date