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Feb 06 1998 8:00am

Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002343 (9)

1. Corporation Name

SENIOR CARE OF BREVARD COUNTY, INC.



Principal Place of Business

Mailing Address

300 TUCKER LANE  
COCOA FL 32926-105  
US

300 TUCKER LANE  
COCOA FL 32926

3. Date Incorporated or Qualified

05/01/1996

4. FEI Number

59-3378672

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLEW, ANN  
300 TUCKER LANE  
COCOA FL 32926-3105

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
RICHARDSON, JOHN C.  
838 MALLARD  
COCOA FL

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
WILLEKE, ROBERT JR.  
4935 SHADETREE LANE  
COCOA FL 32926

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

D  
WILLEKE, ROBERT JR  
300 TUCKER LANE  
COCOA, FL 32926

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
WILLEKE, JUDY G.  
4935 SHADETREE LANE  
COCOA FL

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
POLLACK, BUNNY  
312 MERIDIAN RUN  
COCOA FL

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
PLEW, ANN  
2331 SCOTLAND ROAD  
COCOA FL

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

100002426481  
-02/10/98--01037--011  
\*\*\*61.25

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
RANDY ALONSO  
300 TUCKER LANE  
COCOA, FL 32926

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

PE  
2.6

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

P. ANN PLEW  
ADMINISTRATOR

403-1031-8014

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