


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90254 030 ****61.25

DOCUMENT # N96000002343 1. Entity Name SENIOR CARE OF BREVARD COUNTY, INC.					
Principal Place of Business 300 TUCKER LANE COCOA, FL 32926-105 US				Mailing Address 300 TUCKER LANE COCOA, FL 32926	
<i>As of 5/2/05</i> 2. Principal Place of Business 234 Willard ST				3. Mailing Address 234 Willard ST	
Suite, Apt. #, etc. A				Suite, Apt. #, etc. A	
City & State Cocoa, Florida				City & State Cocoa, FL 32922	
Zip 32922		Country Brevard		Zip 32922	
Country Brevard		4. FEI Number 59-3378672			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PLEW, ANN 300 TUCKER LANE COCOA, FL 32926-3105				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 P. ANN PLEW <small>Signature, typed or printed name of registered agent and title if applicable.</small>		P. Ann Plew <small>(NOTE: Registered Agent signature required when reinstating)</small>		4-18-05 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDSON, JOHN C. 838 MALLARD COCOA, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN SCOTT 5010 JUNEBAK DR COCOA, FL 32926 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLEKE, ROBERT JR. 300 TUCKER LANE COCOA, FL 32926 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLEW, ANN 2245 WESTMINSTER DR COCOA, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, DR. GLADYS PH.D 1090 CARRIGAN BLVD MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESTON, MARGE 2470 VERMONT STREET WEST MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, MIKE 207 BLAKE AVE COCOA, FL 32922 <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 exemption stated in Section 119.07(3)(i), 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: P. Ann Plew <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-18-05 <small>Date</small>		321-631-9014 <small>Daytime Phone #</small>	

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