

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000062

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: B.V. ASSISTED LIVING, INC.

## Current Principal Place of Business:

2127 W. NEW HAVEN AVE.  
W. MELBOURNE, FL 32904

## New Principal Place of Business:

<UNUSED>  
W. MELBOURNE, FL 32904

## Current Mailing Address:

2127 W. NEW HAVEN AVE.  
W. MELBOURNE, FL 32904

## New Mailing Address:

FEI Number: 59-3338728      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOHRR, P F  
1800 W HIBISCUS BLVD  
SUITE 138  
MELBOURNE, FL 32901 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: ASD ( ) Delete  
Name: BUTLER, JOHN E CPA  
Address: 200 OAK STREET  
City-St-Zip: MELBOURNE, FL 32940

Title: STD ( ) Delete  
Name: BRETT, JOSEPH  
Address: 300 E NASA BLVD  
City-St-Zip: MELBOURNE, FL 32901

Title: CHMN ( ) Delete  
Name: RIDENOUR, JIM  
Address: 2101 W NEW HAVEN AVE  
City-St-Zip: MELBOURNE, FL 32904

Title: D ( ) Delete  
Name: GARDINER, STEVE  
Address: 2995 LIMPET COURT  
City-St-Zip: INDIALANTIC, FL 32903

Title: ASD ( ) Delete  
Name: MANCO-HERRMAN, ELIZABETH  
Address: 6136 ARLINGTON CIRCLE  
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete  
Name: LYNN, TAYLOR  
Address: 3125 WEST NEW HAVEN AVE.  
City-St-Zip: WEST MELBOURNE, FL 32904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RALPH C. BISHOP

ED

04/18/2006

Electronic Signature of Signing Officer or Director

Date