

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000062

FILED
Apr 20, 2009
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:

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: STD () Delete
Name: BUTLER, JOHN E CPA
Address: 200 OAK STREET
City-St-Zip: MELBOURNE, FL 32940

Title: ASD () Delete
Name: BRETT, JOSEPH
Address: 321 DELAND AVE.
City-St-Zip: INDIALANTIC, FL 32903

Title: CHMN () Delete
Name: RIDENOUR, JIM
Address: 4250 CAREYWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: RENS, LAMMERT
Address: 1005 FIELDSTONE DRIVE
City-St-Zip: MELBOURNE, FL 32940

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

Title: D () Delete
Name: BOBBIE, BOCKMAN
Address: 6505 NORTH HWY 1
City-St-Zip: MELBOURNE, FL 32940

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 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 BISHOP

CFO

04/20/2009

Electronic Signature of Signing Officer or Director

Date