

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000062

FILED  
May 01, 2010  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NOHRR, P F  
1800 W HIBISCUS BLVD  
SUITE 138  
MELBOURNE, FL 32901 US

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  
**Name:** BUTLER, JOHN E CPA  
**Address:** 200 OAK STREET  
**City-St-Zip:** MELBOURNE, FL 32940

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

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

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

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

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

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: JOHN BUTLER

STD

05/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date