

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000077957

FILED
Apr 15, 2009
Secretary of State

Entity Name: SOUTH BREVARD HOME CAREGIVERS, INC.

Current Principal Place of Business:

1101 W HIBISCUS BLVD
STE. 209
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1101 W HIBISCUS BLVD
STE. 209
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 20-5071567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, DIANA
1101 W HIBISCUS BLVD
STE. 209
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

DIANA, WILLIAMS PRES
1101 W HIBISCUS BLVD
STE. 209
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: DIANA WILLIAMS

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, DIANA
Address: 1101 W HIBISCUS BLVD. STE. 209
City-St-Zip: MELBOURNE, FL 32901

Title: VP () Delete
Name: WILLIAMS, STEVE
Address: 1316 PACE DR., NW
City-St-Zip: PALM BAY, FL 32907

Title: VP/S () Delete
Name: WILLIAMS, STEVE
Address: 1101 W HIBISCUS BLVD. STE. 209
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: WILLIAMS, STEVE
Address: 1101 W. HIBISCUS BLVD. STE 209
City-St-Zip: MELBOURNE, FL 32901

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA WILLIAMS

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date