

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005552

Entity Name: HBCA OF BREVARD BUILDERS CARE, INC.

Current Principal Place of Business:

1500 W. EAU GALLIE BLVD
SUITE B-2
MELBOURNE, FL 32935-5398

Current Mailing Address:

1500 W. EAU GALLIE BLVD SUITE
B-2
MELBOURNE, FL 32935-5398

FEI Number: 26-0653688

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARMSTRONG, DAVID
1500 W. EAU GALLIE BLVD SUITE B-2
MELBOURNE, FL 32935 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

Officer/Director Detail :

Title	P	Title	VP
Name	ARMSTRONG, DAVID	Name	LANCASTER, COREY
Address	1500 W. EAU GALLIE BLVD SUITE B-2	Address	1500 W. EAU GALLIE BLVD SUITE B-2
City-State-Zip:	MELBOURNE FL 32935-5398	City-State-Zip:	MELBOURNE FL 32935-5398

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: DAVID ARMSTRONG

P

03/25/2014

Electronic Signature of Signing Officer/Director Detail

Date