

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
3000 N. W. 11th Street
Tallahassee, Florida 32310-0001

APPROVED
AND
FILED

DOCUMENT # **N21842** (2)

SOUTH BREVARD MOTHERS OF TWINS CLUB, INC.

57 APR 11 9:11

STATE OF FLORIDA

| | | | | | |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|----------------------------------------------|
| Principal Office Location | | Mailing Address | | DO NOT WRITE IN THIS SPACE | |
| P O BOX 061058 PALM BAY FL 32906-8058 | | P O BOX 061058 PALM BAY FL 32906-8058 | | 3. Date Incorporated or Qualified 07/31/1987 | 3a. Date of Last Report 05/01/1994 |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 59-2845426 | Applied For Not Applicable |
| 21. State, Apt # etc. PC BOX 061058 | 26. State, Apt # etc. PC BOX 061058 | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22. City & State PALM BAY FL | 27. City & State PALM BAY FL | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23. ZIP 32909 | 28. ZIP 32909 | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | | \$68.75 Supplemental Fee Not Required | |
| 24. Country USA | 29. Country USA | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|------------------------------------------------------------|--|--|--|--------------------------------------------------------|-------------------|----|--------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| LITFIN, CINDY 939 SABLE CIR., S.E. PALM BAY FL 32909 | | | | B1. Name | CROFT, VICTORIA | | |
| | | | | B2. Street Address (P.O. Box Number is Not Acceptable) | 351 NEPTUNE DR NE | | |
| | | | | B3. | | | |
| | | | | B4. City | PALM BAY | FL | B5. Zip Code |

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE: *Victoria K Croft* DATE: 4-28-95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| TITLE: DV | NAME: WHITEHEAD, GENIE 1014 CANTON ST., N.W. PALM BAY FL | 11 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | DP CROFT, VICTORIA |
| TITLE: DP | NAME: LITFIN, CINDY 939 SABLE CIR SE PALM BAY FL | 12 NAME: DP CROFT, VICTORIA | 13 STREET ADDRESS: 351 NEPTUNE DR NE |
| TITLE: DS | NAME: CROFT, VICKY 351 NEPTUEN DR NE PALM BAY FL | 14 CITY, ST, ZIP: PALM BAY, FL 32907 | 21 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: DV | NAME: JORDAN, LUANN 1656 MASON TERR. MELBOURNE FL | 22 NAME: DV LITFIN, CINDY | 23 STREET ADDRESS: 939 SABLE CIR SE |
| TITLE: DV | NAME: BEAL, MARY 106 BAY DR., N. INDIAN HARBOR BCH. FL | 24 CITY, ST, ZIP: PALM BAY FL 32909 | 31 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: DT | NAME: HAMMOND, DEDI 1265 GIRALDA CIR., N.W. PALM BAY FL | 32 NAME: DV DEWEY MILLER, LINDA L. | 33 STREET ADDRESS: 530 SAWGRASS CIRCLE |
| | | 34 CITY, ST, ZIP: MELBOURNE FL 32906 | 41 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 42 NAME: DV PRINER, CHRISTINE | 43 STREET ADDRESS: 68 W WILLIAM BLVD |
| | | 44 CITY, ST, ZIP: VICTORIA, FL 32907 | 51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 52 NAME: DV BEAL, MARY | 53 STREET ADDRESS: 106 BAY DR, N |
| | | 54 CITY, ST, ZIP: INDIAN HARBOR BCH FL 32931 | 61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 62 NAME: DT HAMMOND, DEDI | 63 STREET ADDRESS: 1265 GIRALDA CIR |
| | | 64 CITY, ST, ZIP: PALM BAY FL 32909 | 65 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 66 NAME: DT HAMMOND, DEDI | 67 STREET ADDRESS: 1265 GIRALDA CIR |
| | | 68 CITY, ST, ZIP: PALM BAY FL 32909 | |

14. I hereby certify that the information supplied with this filing is substantially true and correct, and qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made in person with the person or persons in charge of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of an officer or director with an address.

SIGNATURE: *Victoria K Croft* DATE: 4-28-95 407 951 32908