

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF REVENUE
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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 32906-8058	28. ZIP 32906-8058	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 607.0506, 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: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	351 NEPTUNE DR NE PALM BAY, FL 32907
TITLE: DS	NAME: CROFT, VICKY 351 NEPTUEN DR NE PALM BAY FL	21 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DV LITFIN, CINDY 939 SABLE CIR SE PALM BAY FL 32909
TITLE: DV	NAME: JORDAN, LUANN 1656 MASON TERR. MELBOURNE FL	31 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DV DEWEY MILLER, LINDA L. 530 SAWGRASS CIRCLE MELBOURNE FL 32906
TITLE: DV	NAME: BEAL, MARY 106 BAY DR., N. INDIAN HARBOR BCH. FL	41 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DV PRYOR, CHRISTINE 68 W. WILLIAMS BLVD VICTORIA, FL 32907
TITLE: DT	NAME: HAMMOND, DEDI 1265 GIRALDA CIR., N.W. PALM BAY FL	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	DS BEAL, MARY 106 BAY DR, N INDIAN HARBOR BCH FL 32931
		61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	DT HAMMOND, DEDI 415 GARDNER RD MELBOURNE FL 32904

14. I hereby certify that the information supplied with this filing is substantially true and correct, and qualify for the exemption stated in Section 119.07(3)(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 this report or direct fee of this corporation or the officer or director empowered to execute this report as required by Chapter 117, 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 3298