

**FILE NOW: FILING FEE IS \$61.25**

*Ag. 182*

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N21842 (2)**  
1. Corporation Name

**SOUTH BREVARD MOTHERS OF TWINS CLUB, INC.**

*New NAME - SEE ENCLOSED*



Principa Place of Business

Mailing Address

P. O. BOX 061058  
PALM BAY FL 32906-1058  
US

P. O. BOX 061058  
PALM BAY FL 32906-1058  
US

3. Date incorporated or Qualified  
**07/31/1987**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 *South Brevard Mother of Multiples*

26 *South Brevard Mother of Multiples*

4. FEI Number  
**59-2845426**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc. *Multiples*  
*P.O. Box 1295*

27 Suite, Apt. #, etc.  
*P.O. Box 1295*

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State  
*Melbourne, FL*

28 City & State  
*Melbourne, FL*

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip *32902-1295* 25 Country *USA*

29 Zip *32902* 30 Country *USA*

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROFT, VICTORIA  
351 NEPTUNE DR NE  
PALM BAY FL 32907**

81 Name *Mary Beal*  
82 Street Address (P.O. Box Number is Not Acceptable)  
*106 Bay Dr. N.*  
83  
84 City *Indian Harbour Beach* FL 85 Zip Code *32937*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Mary Beal*  
Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE *4/10/96*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CROFT, VICTORIA	
STREET ADDRESS	351 NEPTUNE DR NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	LITFIN, CINDY	
STREET ADDRESS	939 SABLE CIR SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	DV 2nd Vice Pres D	<input type="checkbox"/> DELETE
NAME	DRUCKENMILLER, LAURIE	
STREET ADDRESS	530 SAWGRASS CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	PRATER, CHRISTINE	
STREET ADDRESS	6820 WHITETAIL COURT	
CITY-ST-ZIP	VIERA FL	
TITLE	DS President D	<input type="checkbox"/> DELETE
NAME	BEAL, MARY	
STREET ADDRESS	106 BAY DR. N.	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	
TITLE	DT Vice President 3rd D	<input type="checkbox"/> DELETE
NAME	MESAROS, JONNIE	
STREET ADDRESS	4713 CANARD RD	
CITY-ST-ZIP	MELBOURNE FL	

1.1 TITLE	1st Vice Pres - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Laurie Winchell-Jeffrey	
1.3 STREET ADDRESS	341 Cypress St.	
1.4 CITY-ST-ZIP	Indian Lake, FL 32903	
2.1 TITLE	Secretary - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sandra LoSavio	
2.3 STREET ADDRESS	2457 Kingsmill Ave.	
2.4 CITY-ST-ZIP	Melbourne, FL 32934	
3.1 TITLE	Treasurer - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Deette Webb	
3.3 STREET ADDRESS	114 Honeysuckle Ln.	
3.4 CITY-ST-ZIP	Melbourne, FL 32901	
4.1 TITLE	Editor D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Patty Siegel	
4.3 STREET ADDRESS	3475 Eagle Way	
4.4 CITY-ST-ZIP	Melbourne, FL 32934	
5.1 TITLE	300001828793	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-05/20/96--01034--039	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Beal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *4/10/96* Daytime Phone #

CR2E037 (12/95)