


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91291 006 ****61.25

DOCUMENT # N21842
1. Entity Name
SOUTH BREVARD MOTHERS OF MULTIPLES, INC.



Principal Place of Business Mailing Address
P. O. BOX 3251 P. O. BOX 3251
MELBOURNE FL 32902 MELBOURNE FL 32902
US US

24055895



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
59-2845426 Not Applicable

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

6. Name and Address of Current Registered Agent
REIMILLER, ASHLEY
2150 SHELL AVE.
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REIMILLER, ASHLEY	
STREET ADDRESS	2150 SHELL AVE.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	PROCTOR, HEIDI	
STREET ADDRESS	258 SEAVIEW ST.	
CITY-ST-ZIP	MELBOURNE FL 32951	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	DRAGON, LUCY	
STREET ADDRESS	918 SOUTH FORK CIR.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	3VP	<input type="checkbox"/> Delete
NAME	BRADISH, KRIS	
STREET ADDRESS	518 EMPIRE AVE.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	S	<input type="checkbox"/> Delete
NAME	SUTTON, KERRY	
STREET ADDRESS	704 OAK RIDGE DR.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, SHERYL	
STREET ADDRESS	1420 HILL AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32940	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ashley Reimiller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-04 **391-956-7051**
Date Daytime Phone #