

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

04-30-2001 90437 009 ****61.25

DOCUMENT # N94000001341

1. Entity Name

JACKSONVILLE PARENTS OF TWINS AND TRIPLETS CLUB,

Principal Place of Business

3653 NEWCASTLE CREEK DRIVE
 JACKSONVILLE FL 32277
 US

Mailing Address

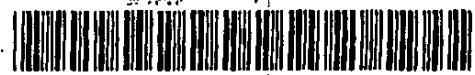
POST OFFICE BOX 1621
 PONTE VEDRA BEACH FL 32004-1621

2. Principal Place of Business

2363 Jennie Ln
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 57644
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Green Cove Springs

City & State

Jacksonville

4. FEI Number

59-3353389

Applied For

Not Applicable

Zip 32043

Country US

Zip 32241-7644

Country USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SERBAN, MARTHA
 3653 NEWCASTLE CREEK DRIVE
 JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

Name: Janet R. Morgan
 Street Address (P.O. Box Number is Not Acceptable): 2363 Jennie Ln.
 City: Green Cove Springs FL Zip Code: 32043

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.

SIGNATURE

Janet R. Morgan

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD
 NAME: SERBAN, MARTHA Delete
 STREET ADDRESS: 3653 NEWCASTLE CREEK DRIVE
 CITY-ST-ZIP: JACKSONVILLE FL 32277

TITLE: VPD
 NAME: LANGFORD, MELISSA Delete
 STREET ADDRESS: 1220 CREEK BEND RD
 CITY-ST-ZIP: FRUIT COVE FL 32259

TITLE: VPD
 NAME: DEWITT, ALLSION Delete
 STREET ADDRESS: 6124 POST OAK ROAD WEST
 CITY-ST-ZIP: JACKSONVILLE FL 32277

TITLE: T
 NAME: DOMIANO, DONNA Delete
 STREET ADDRESS: 12860 ALLPORT ROAD
 CITY-ST-ZIP: JACKSONVILLE FL 32258

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: President Change Addition
 NAME: Janet R. Morgan
 STREET ADDRESS: 2363 Jennie Ln
 CITY-ST-ZIP: Green Cove Springs, FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: 2nd Vice President Change Addition
 NAME: Debby Martin
 STREET ADDRESS: 2137 Pond Spring Way
 CITY-ST-ZIP: Orange Park FL 32003

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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:

Janet R. Morgan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01 904-284-3130
 Date Daytime Phone #

CP2EC037 (10/00)