	: FLORIDA ORGANIZATION OF MOTHER	S OF TWINS CLU	JB, INC	Secretary of State CC0644529478
Current Prir	ncipal Place of Business:			660044525470
21 MAGNOLIA	ST			
FLAGLER BEA	CH, FL 32126			
Current Mai	ling Address:			
21 MAGNOL	IA ST			
FLAGLER B	EACH, FL 32126 US			
FEI Number	: 59-2344561		Certificate of S	tatus Desired: No
Name and A	ddress of Current Registered Agent:			
PRESTON, MA 30843 SONNET WESLEY CHAF				
The above named	d entity submits this statement for the purpose of changing its	registered office or registered	ered agent, or both, in	the State of Florida.
	, , , , , , , , , , , , , , , , , , , ,			
SIGNATURE	MARYELLEN J. PRESTON			04/16/2018
SIGNATURE				04/16/2018 Date
SIGNATURE	E: MARYELLEN J. PRESTON Electronic Signature of Registered Agent			
	E: MARYELLEN J. PRESTON Electronic Signature of Registered Agent	Title	VP	
Officer/Dire	E: MARYELLEN J. PRESTON Electronic Signature of Registered Agent Ctor Detail :	Title Name	VP STRONG, TRACY	
Officer/Dire	E: MARYELLEN J. PRESTON Electronic Signature of Registered Agent Ctor Detail : PRESIDENT			Date
Officer/Dire Title Name	E: MARYELLEN J. PRESTON Electronic Signature of Registered Agent Ctor Detail : PRESIDENT PRESTON, MARYELLEN 30843 SONNET GLEN DRIVE	Name	STRONG, TRACY	Date
Officer/Direc Title Name Address	E: MARYELLEN J. PRESTON Electronic Signature of Registered Agent Ctor Detail : PRESIDENT PRESTON, MARYELLEN 30843 SONNET GLEN DRIVE	Name Address	STRONG, TRACY 2405 TANGERINE	Date
Officer/Dire Title Name Address City-State-Zip:	E: MARYELLEN J. PRESTON Electronic Signature of Registered Agent Ctor Detail : PRESIDENT PRESTON, MARYELLEN 30843 SONNET GLEN DRIVE WESLEY CHAPEL FL 33543	Name Address City-State-Zip:	STRONG, TRACY 2405 TANGERINE LUTZ FL 33549	Date
Officer/Dire Title Name Address City-State-Zip: Title	E MARYELLEN J. PRESTON Electronic Signature of Registered Agent Ctor Detail : PRESIDENT PRESTON, MARYELLEN 30843 SONNET GLEN DRIVE WESLEY CHAPEL FL 33543 VP	Name Address City-State-Zip: Title	STRONG, TRACY 2405 TANGERINE LUTZ FL 33549 SECRETARY	Date
Officer/Dire Title Name Address City-State-Zip: Title Name	E MARYELLEN J. PRESTON Electronic Signature of Registered Agent Ctor Detail : PRESIDENT PRESTON, MARYELLEN 30843 SONNET GLEN DRIVE WESLEY CHAPEL FL 33543 VP CASTOR, PENNY 2619 LORNA DRIVE	Name Address City-State-Zip: Title Name	STRONG, TRACY 2405 TANGERINE LUTZ FL 33549 SECRETARY LYELL, DEDI 1245 WHITE OAK	Date HILL COURT CIRCLE
Officer/Dire Title Name Address City-State-Zip: Title Name Address	E MARYELLEN J. PRESTON Electronic Signature of Registered Agent Ctor Detail : PRESIDENT PRESTON, MARYELLEN 30843 SONNET GLEN DRIVE WESLEY CHAPEL FL 33543 VP CASTOR, PENNY 2619 LORNA DRIVE	Name Address City-State-Zip: Title Name Address	STRONG, TRACY 2405 TANGERINE LUTZ FL 33549 SECRETARY LYELL, DEDI 1245 WHITE OAK	Date HILL COURT CIRCLE
Officer/Dire Title Name Address City-State-Zip: Title Name Address City-State-Zip:	E MARYELLEN J. PRESTON Electronic Signature of Registered Agent Ctor Detail : PRESIDENT PRESTON, MARYELLEN 30843 SONNET GLEN DRIVE WESLEY CHAPEL FL 33543 VP CASTOR, PENNY 2619 LORNA DRIVE MELBOURNE FL 32935	Name Address City-State-Zip: Title Name Address	STRONG, TRACY 2405 TANGERINE LUTZ FL 33549 SECRETARY LYELL, DEDI 1245 WHITE OAK	Date HILL COURT CIRCLE

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009552

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA H. LOSAVIO

City-State-Zip: MELBOURNE FL 32934

Electronic Signature of Signing Officer/Director Detail

TREASURER

04/16/2018

Date

FILED Apr 16, 2018