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95 MAY 18 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **716255** **(5)**

1. Corporate Name

CHILDBIRTH EDUCATION ASSOCIATION OF THE PALM BEA CHES, INC.

Principal Place of Business	Mailing Address
4960 10TH AVE NO LAKE WORTH FL 33463-9210	4960 10TH AVE NO LAKE WORTH FL 33463-9210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/24/1969**
3a. Date of Last Report: **07/08/1994**
4. FEI Number: **59-1425898** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
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
SCHROEDER, NORMAN 101 N "J" STREET LAKE WORTH FL 33460	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE: Myrtle Woodward — 5-15-95
(Typed or printed name of registered agent and title if applicable) (New Registered Agent's signature required when applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, KAREN	12 NAME	JANE SMITH
STREET ADDRESS	~~4178 EMPIRE WAY~~	13 STREET ADDRESS	715 EVERGREEN DRIVE
CITY ST ZIP	~~GREEN ACRES FL 33463~~	14 CITY ST ZIP	LAKE PARK, FLA. 33403
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	NYSTROM, MARY ANNE	22 NAME	
STREET ADDRESS	2178 E. PALMA CIRCLE	23 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL 33415	24 CITY ST ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	WOODWARD, MRYTLE	32 NAME	
STREET ADDRESS	2820 DOLPHIN CIRCLE	33 STREET ADDRESS	
CITY ST ZIP	W PALM BCH FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Myrtle Woodward — Treasurer — 5/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Date)

434-0044
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