

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **723850** (4)
1. Corporation Name

BIRTH, EDUCATION, TRAINING, ACCEPTANCE, INC.



Principal Place of Business: **4680 LAKE UNDERHILL ROAD ORLANDO FL 32807**
Mailing Address: **4680 LAKE UNDERHILL ROAD ORLANDO FL 32807**

3. Date Incorporated or Qualified: **07/11/1972**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **23-7446558**
Applied For:
Not Applicable:

Suite, Apt. #, etc.: **22**
27

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

City & State: **23**
28

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

Zip: **24** Country: **25**
Zip: **29** Country: **30**

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

9. Name and Address of Current Registered Agent
**ICARDI, ALDO
990 LEWIS DRIVE
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
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 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORD, JOHN	1.2 NAME	
STREET ADDRESS	1672 JOELINE CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN HOECK, DOLLY	2.2 NAME	
STREET ADDRESS	7604 APPLE TREE CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MATHEISON, KATHY	3.2 NAME	
STREET ADDRESS	P. O. BOX N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTERMERE FL	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	WARREN, BILL	4.2 NAME	
STREET ADDRESS	505 FORESTWOOD DT.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

WINTERMERE
VPD
Terence J. Delahunty, Jr.
1024 American Beauty St.
Orlando, FL 32818

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: Kathy Matheson 4-10-96 876-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)