

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

**FILED**  
**Aug 19 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 737597 (5)**

1. Corporation Name **BIRTH CONTROL CENTER, INC.**



Principal Place of Business <b>1030 HERMAN AVENUE ORLANDO FL 32803-1425</b>	Mailing Address <b>1030 HERMAN AVENUE ORLANDO FL 32803-1425</b>
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3. Date Incorporated or Qualified  
**12/21/1976**

4. FEI Number  
**59-1710117**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No **N/A**

9. Name and Address of Current Registered Agent

**SOBIESKI-JOY, TAMMY**  
**1030 HERMAN AVE**  
**ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VPD</b>	1.1 TITLE	<b>RUTH ARICK - DT</b>
NAME	<b>BRYAN, E. JOY</b>	1.2 NAME	<b>Ruth Arick - DT</b>
STREET ADDRESS	<b>1030 HERMAN AVE</b>	1.3 STREET ADDRESS	<b>1030 Herman Ave</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>Orlando FL 32803</b>
TITLE	<b>PSD</b>	2.1 TITLE	<b>Tammy Sobieski PSD</b>
NAME	<b>SOBIESKI-JOY, TAMMY</b>	2.2 NAME	<b>Tammy Sobieski PSD</b>
STREET ADDRESS	<b>1030 HERMAN AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DT</b>	3.1 TITLE	<b>VPD Everett Sobieski</b>
NAME	<b>SOBIESKI, EVERETT</b>	3.2 NAME	<b>VPD Everett Sobieski</b>
STREET ADDRESS	<b>1030 HERMAN AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Tammy Sobieski* **TAMMY SOBIESKI** **7/28/98 407-896-2233**

CR2E037 (10/97)