

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 737597

1. Entity Name
BIRTH CONTROL CENTER, INC.



Principal Place of Business
**4574 E. MICHIGAN ST
ORLANDO, FL 32812**

Mailing Address
**4574 E. MICHIGAN ST
ORLANDO, FL 32812**



02022008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1710117

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOBIESKI, TAMMY
4574 E. MICHIGAN ST.
ORLANDO, FL 32812**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000423329
02/18/06-80003-017 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
SOBIESKI, TAMMY
4574 E. MICHIGAN ST
ORLANDO, FL 32812**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SOBIESKI, EVERETT
4574 E. MICHIGAN ST
ORLANDO, FL 32812**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
SOBIESKI, ALICE
4574 E. MICHIGAN ST
ORLANDO, FL 32812**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Everett Sobieski
Everett Sobieski

2/2/06

407.243.6915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #