


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 751080 (3)
1. Corporation Name
THE CHILDBIRTH EDUCATION ASSOCIATION OF JACKSONVILLE INC.



Principal Place of Business 4049 WOODCOCK DRIVE SUITE 201 JACKSONVILLE FL 32207		Mailing Address 4049 WOODCOCK DRIVE SUITE 201 JACKSONVILLE FL 32207-2706	
2. Principal Place of Business 9143 Philips Hwy Suite 350 Jacksonville, FL 32256		2a. Mailing Address 9143 Philips Hwy Suite 350 Jacksonville, FL 32256	
21. Suite, Apt. #, etc. Suite 350	22. City & State Jacksonville FL	26. Suite, Apt. #, etc. Suite 350	27. City & State Jacksonville, FL
23. Zip 32256	24. Country USA	28. Zip 32256	29. Country USA

3. Date Incorporated or Qualified 02/18/1980	3a. Date of Last Report 04/24/1996
4. FEI Number 23-7182003	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EXEMPTION	

9. Name and Address of Current Registered Agent
**DROBOTY, STACEY
4049 WOODCOCK DRIVE
SUITE 201
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent
**81 Name: Droboty, Stacey
82 Street Address (P.O. Box Number is Not Acceptable): 9143 Philips Hwy
83 Suite 350
84 City: Jacksonville FL 85 Zip Code: 32256**

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: Stacey Droboty (Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STONE, GARY		1.2 NAME Virtue, Robin E	
STREET ADDRESS 1717 WOODMERE DRIVE		1.3 STREET ADDRESS 4050 Ortega Forest Drive	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP Jacksonville, FL 32256	
TITLE VD	<input checked="" type="checkbox"/> DELETE	TITLE M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VIRTUE, ROBIN E.		2.2 NAME President-Elect	
STREET ADDRESS 4050 ORTEGA FOREST DRIVE		2.3 STREET ADDRESS 9143 Philips Hwy	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP 32256	
TITLE SDTD	<input type="checkbox"/> DELETE	TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCCAIN, JEAN M.		3.2 NAME Laurel Richardson	
STREET ADDRESS 3680 FAIRBANKS FOREST DR.		3.3 STREET ADDRESS 2049 Hidden Hills Dr	
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP Jacksonville, FL 32256	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	
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	

14. I do 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: Stacey Droboty SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ DAYTIME PHONE: **0004966**

CR2E037 (9/96)