


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751080 (3)
 1. Corporation Name
THE CHILDBIRTH EDUCATION ASSOCIATION OF JACKSONVILLE INC.

Principal Place of Business Mailing Address
9143 PHILIPS HWY SUITE 350 JACKSONVILLE FL 32256



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

3. Date Incorporated or Qualified	4. FEI Number	Applied For
02/18/1980	23-7182003	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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DROBOTY, STACEY 9143 PHILIPS HWY SUITE 350 JACKSONVILLE FL 32256	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 DATE 4/28/98
 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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIRTUE, ROBIN	1.2 NAME	SUSAN GREEN
STREET ADDRESS	9143 PHILIPS HWY SUITE 350	1.3 STREET ADDRESS	9143 Phillips Hwy. Suite 350
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIRTUE, ROBIN	2.2 NAME	EDYTHE ABDULLAH
STREET ADDRESS	9143 PHILIPS HWY SUITE 350	2.3 STREET ADDRESS	9143 Phillips Hwy. Suite 350
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, LAUREL	3.2 NAME	LAUREL RICHARDSON
STREET ADDRESS	9143 PHILIPS HWY SUITE 350	3.3 STREET ADDRESS	9143 Phillips Hwy. Suite 350
CITY-ST-ZIP	JACKSONVILLE FL 32256	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Stacey Droboty DATE 4/28/98
 Signature, typed or printed name of registered agent and title if applicable

CR2E037 (10/97)