

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90157 045 ****70.00

DOCUMENT # 751080 *ok ✓*

1. Corporation Name

THE CHILDBIRTH EDUCATION ASSOCIATION OF JACKSONVILLE INC.

Principal Place of Business

9143 PHILIPS HWY SUITE 350
JACKSONVILLE FL 32256

Mailing Address

9143 PHILIPS HWY SUITE 350
JACKSONVILLE FL 32256

558999 - 90038 - 10

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/18/1980

4. FEI Number

23-7182003

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DROBOTY, STACEY
9143 PHILIPS HWY SUITE 350
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

SALLY MYZICK

82 Street Address (P.O. Box Number is Not Acceptable)

9143 PHILLIPS HWY. #350

83

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 *Sally Myzick, Executive Director*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME GREEN, SUSAN
STREET ADDRESS 9143 PHILLIPS HWY, SUITE 350
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME ABDULLAH, EGYTHE
STREET ADDRESS 9143 PHILIPS HWY SUITE 350
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME RICHARDSON, LAUREL
STREET ADDRESS 9143 PHILIPS HWY SUITE 350
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME *REYNOLDS, JO ELLEN*
STREET ADDRESS *9143 Phillips Hwy Suite 350*
CITY-ST-ZIP *JACKSONVILLE, FL 32256*

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME *REYNOLDS, JO ELLEN*
1.3 STREET ADDRESS *9143 Phillips Hwy, Suite 350*
1.4 CITY-ST-ZIP *JACKSONVILLE, FL 32256*

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME *Sally Myzick*
3.3 STREET ADDRESS *9143 Phillips Hwy, Suite 350*
3.4 CITY-ST-ZIP *JACKSONVILLE, FL 32256*

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Sally Myzick, Executive Director

(904) 363-6358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)