

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751080

FILED  
Jan 16, 2004  
Secretary of State

**Entity Name:** THE CHILDBIRTH EDUCATION ASSOCIATION OF JACKSONVILLE INC.

**Current Principal Place of Business:**

6850 BELFORT OAK PL  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6850 BELFORT OAK PL  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 23-7182003

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MYRICK, SALLY  
9143 PHILIPS HWY SUITE 350  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

MYRICK, SALLY  
6850 BELFORT OAKS PL.  
JACKSONVILLE, FL 32216 US

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.

SIGNATURE: SALLY MYRICK

01/16/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ERICKSON, SARA M.D.  
Address: 13803 TORTUSA DR.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: BRIGETY, REUBEN  
Address: 11338 OAK LANDINGS DR.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: STONE, GARY  
Address: 1717 WOODMERE DR.  
City-St-Zip: JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BRIGETY, REUBEN M.D.  
Address: 11338 OAK LANDINGS DR.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: TS (X) Change ( ) Addition  
Name: GOOD, BETH  
Address: 268 VILLAGE GREEN AVE  
City-St-Zip: FRUIT COVE, FL 32259

Title: PE (X) Change ( ) Addition  
Name: EELEN, HOLLI  
Address: 12234 PREMIER CT.  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REUBEN BRIGETY, MD

P

01/16/2004

Electronic Signature of Signing Officer or Director

Date