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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 10:55

DOCUMENT # 753445 (6)

1. Corporation Name
THE FAMILY BIRTH PLACE, INC.

Principal Place of Business	Mailing Address
1701 PONCE DE LEON PRADO FT PIERCE FL 34982	1701 PONCE DE LEON PRADO FT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1980
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2083417 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SELMI, WILLIAM JR.
312 N.W. 5TH STREET
OKEECHOBEE FL 33472

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DUFFY, PATRICIA	1.2 NAME	
STREET ADDRESS	1701 PONCE DE LEON PRADO	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34982	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	DICKERT, MARY	2.2 NAME	
STREET ADDRESS	3335 MOHLESO CR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34949	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LASHLEY,JAMES D.	3.2 NAME	
STREET ADDRESS	1157 N.E. 96TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34973	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JORDON, KENNETH	4.2 NAME	
STREET ADDRESS	32801 N. U.S. 441.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	JORDON, JEAN	5.2 NAME	
STREET ADDRESS	32801 N. U.S. 441 .	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and 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 added area.

SIGNATURE: Patricia Duffy CNM 3/6/95 (907)595-1575
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING (BLOCK 12, BLOCK 13, OFFICER OR DIRECTOR) Date Daytime Phone #

607021