

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
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90005 041 ****66.25

DOCUMENT # 753445

1. Corporation Name

THE FAMILY BIRTH PLACE, INC.

88483 - 90005 - 41

Principal Place of Business

**1701 PONCE DE LEON PRADO
FT PIERCE FL 34982**

Mailing Address

**1701 PONCE DE LEON PRADO
FT PIERCE FL 34982**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/21/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2083417

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☒

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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
NAME DUFFY, PATRICIA
STREET ADDRESS 1701 PONCE DE LEON PRADO
CITY-ST-ZIP FT PIERCE FL 34982 ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD
NAME DICKERT, MARY
STREET ADDRESS 3335 MOHLESO CR.
CITY-ST-ZIP FT PIERCE FL 34949 ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME LASHLEY, JAMES D.
STREET ADDRESS 1157 N.E. 96TH ST.
CITY-ST-ZIP OKEECHOBEE FL 34973 ☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME JORDON, KENNETH
STREET ADDRESS 32801 N. U.S. 441.
CITY-ST-ZIP OKEECHOBEE FL 34972 ☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME JORDON, JEAN
STREET ADDRESS 32801 N. U.S. 441
CITY-ST-ZIP OKEECHOBEE FL 34972 ☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Patricia Duffy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/12/99 (561) 595-1575
Daytime Phone #

CR2E037 (11/98)