

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761816

FILED
Feb 29, 2008
Secretary of State

Entity Name: THE ASSOCIATION OF BIRTH DEFECT CHILDREN, INC.

Current Principal Place of Business:

800 CELEBRATION AVE.
SUITE 225
CELEBRATION, FL 34747 US

New Principal Place of Business:

Current Mailing Address:

800 CELEBRATION AVE.
SUITE 225
CELEBRATION, FL 34747 US

New Mailing Address:

FEI Number: 59-2193816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEKDECI, BETTY I.
3173 FOREST BREEZE WAY
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEKDECI, BETTY I.,
Address: 3173 FOREST BREEZE WAY
City-St-Zip: ST CLOUD, FL 34771 US

Title: SD () Delete
Name: GLAIZE, SANDY,
Address: 4133 CONWAY PLACE CR
City-St-Zip: ORLANDO, FL

Title: VP () Delete
Name: GRYNIEWICZ, DEBBIE
Address: 616 EAST HW. 50 #127
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: AIDE, JOYCE,
Address: 5120 ANDREA BLVD
City-St-Zip: ORLANDO, FL

Title: DIR () Delete
Name: KERBEN, ED
Address: N MAGNOLIA AVE.
City-St-Zip: ORLANDO, FL 32803

Title: DIR () Delete
Name: MEKDECI, MICHAEL
Address: 3173 FOREST BREEZE WAY
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DR (X) Change () Addition
Name: GORDON, DEBBIE
Address: 506 GREENBRIER AVE.
City-St-Zip: CELEBRATION, FL 34747

Title: TD (X) Change () Addition
Name: KERBEN, ED
Address: N MAGNOLIA AVE.
City-St-Zip: ORLANDO, FL 32803

Title: DR (X) Change () Addition
Name: MEKDECI, MICHAEL
Address: 3173 FOREST BREEZE WAY
City-St-Zip: SAINT CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BETTY MEKDECI

PD

02/29/2008

Electronic Signature of Signing Officer or Director

Date