2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# 761816

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:	DR	( ) Delete
Name:	GORDON, DEBBIE	
Address:	506 GREENBRIER AVE.	
City-St-Zip:	CELEBRATION, FL 34747	
Title:	TD	( ) Delete
Name:	KERBEN, ED	
Address:	N MAGNOLIA AVE.	
City-St-Zip:	ORLANDO, FL 32803	
Title:	DR	( ) 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 DIR 01/08/2009
Electronic Signature of Signing Officer or Director — Date