2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
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
Name: MEKDECI, BETTY I.
Address: 3173 FOREST BREEZE WAY
City-St-Zip: ST CLOUD, FL 34771 US

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

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

Title: DR
Name: GENETTI, MARIANNE
Address: POB 536002
City-St-Zip: ORLANDO, FL 32803

Title: TD
Name: KERBEN, ED
Address: N MAGNOLIA AVE.
City-St-Zip: ORLANDO, FL 32803

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

I hereby 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 all other like empowered.

SIGNATURE: BETTY MEKDECI DIR 01/05/2011

Electronic Signature of Signing Officer or Director Date