

FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765748 (9)**  
1. Corporation Name  
**CHILDBIRTH AND PARENTING EDUCATION ASSOCIATION O  
F ST. AUGUSTINE, FLORIDA, INC.**

Principal Place of Business <b>1725 MASTER DRIVE SUITE #4 ST AUGUSTINE FL 32095</b>	Mailing Address <b>P.O. BOX 5397 ST. AUGUSTINE FL 32085-5397 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/15/1982</b>	3a. Date of Last Report <b>04/30/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2257124</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>PARKER, E. WARREN JR 8777 SAN JOSE BLVD. SUITE 302 JACKSONVILLE FL 32217</b>		10. Name and Address of New Registered Agent	
		81 Name <b>Katy Robertson</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>4009 Clearwater Oaks Drive</b>	
		83	
		84 City <b>Jacksonville</b>	85 Zip Code <b>FL 32223</b>

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 Kathleen B. Robertson (NOTE: Registered Agent signature required when reinstating) DATE 4/23/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD JOEL, ROBERT 1725 MASTER DRIVE, SUITE 4 ST AUGUSTINE FL 32095 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD PARKER, E. WARREN 8777 SAN JOSE BLVD. SUITE 302 JACKSONVILLE FL 32217 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VCD Katy Robertson 4009 Clearwater Oaks Drive Jacksonville, FL 32223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BRUCE, JOE 1300 RIVERPLACE BLVD. SUITE 300 JACKSONVILLE FL 32207 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROBERTSON, KATY 1725 MASTERS DRIVE, SUITE 4 ST. AUGUSTINE FL 32095 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	SD Beth Ewing 2603 Wrightson Drive Jacksonville, FL 32203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: SALLY CASPER (Signature and typed or printed name of signing officer or director) DATE 4/18/97 (904) 829-5437

CR2E037 (9/96)