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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

Mailing Address

**1725 MASTER DRIVE
SUITE #4
ST AUGUSTINE FL 32095**

**P.O. BOX 5397
ST. AUGUSTINE FL 32085-5397
US**

3. Date Incorporated or Qualified

11/15/1982

4. FEI Number

59-2257124

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERTSON, KATY
4009 CLEARWATER OAKS DRIVE
JACKSONVILLE FL 32223**

81 Name

Joan Schoeffel

82 Street Address (P.O. Box Number is Not Acceptable)

8050 Highway A1A South, #606

83

84 City

St. Augustine

FL

85 Zip Code

32086

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:

Joan Schoeffel

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE
NAME **JOEL, ROBERT**
STREET ADDRESS **1725 MASTER DRIVE, SUITE 4**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

1.1 TITLE **CD** ☐ Change ☒ Addition
1.2 NAME **Joan Schoeffel**
1.3 STREET ADDRESS **8050 Highway A1A South, #606**
1.4 CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **VCD** ☒ DELETE
NAME **ROBERTSON, KATY**
STREET ADDRESS **4009 CLEARWATER OAKS DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE **VCD** ☐ Change ☒ Addition
2.2 NAME **Mary Hart**
2.3 STREET ADDRESS **50 Center Street**
2.4 CITY-ST-ZIP **Ginnesco, NY 14454**

TITLE **TD** ☒ DELETE
NAME **BRUCE, JOE**
STREET ADDRESS **1300 RIVERPLACE BLVD.SUITE 300**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **Kathy Pater**
3.3 STREET ADDRESS **4767 SE 2nd Avenue**
3.4 CITY-ST-ZIP **Keystone Heights, FL 32056**

TITLE **SD** ☒ DELETE
NAME **EWING, BETH**
STREET ADDRESS **2803 WRIGHTSON DRIVE**
CITY-ST-ZIP **ST. AUGUSTINE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Joan Schoeffel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/98 (904) 8295437

Date Daytime Phone # 000-0000

CR25037 (10/97)