

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -7 PM 1:53

DOCUMENT # 766792 (6)

1. Corporation Name

BIRTHRIGHT OF JACKSONVILLE BEACH, INC.

Principal Place of Business	Mailing Address
1921 NORTH THIRD STREET P O BOX 50153 JACKSONVILLE BEACH FL 32240	1921 NORTH THIRD STREET P O BOX 50153 JACKSONVILLE BEACH FL 32240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/01/1983	3a. Date of Last Report 03/16/1994
4. FEI Number 59-2255051	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

FOY, SHARON A.
1921 NORTH THIRD STREET
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOY, SHARON A.	1.2 NAME	
STREET ADDRESS	2036 SELVA MADERA CT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTIC BCH. FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANAHAN, MARGARET	2.2 NAME	
STREET ADDRESS	2709 LIBERTY LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BCH. FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, CRAHAM C.	3.2 NAME	
STREET ADDRESS	12969 PALMETTO GLADE DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, LA RUE	4.2 NAME	
STREET ADDRESS	128 35TH AVE., SOUTH	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BCH. FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROSEMARY	5.2 NAME	
STREET ADDRESS	1452 SEMINOLE ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTIC BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, REV. WILLIAM A.	6.2 NAME	
STREET ADDRESS	224 N. FIFTH STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BCH. FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I do not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 addition.

SIGNATURE: *Sharon A. Foy* - SHARON A. FOY 3/2/95 904 249-8644
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR