

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 766792 (6)

1. Corporation Name

BIRTHRIGHT OF JACKSONVILLE BEACH, INC.



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

3. Date Incorporated or Qualified: 02/01/1983
3a. Date of Last Report: 03/07/1995

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

4. FEI Number: 59-2255051
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOY, SHARON A.	
STREET ADDRESS	2036 SELVA MADERA CT.	
CITY-ST-ZIP	ATLANTIC BCH. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MANAHAN, MARGARET	
STREET ADDRESS	2709 LIBERTY LANE	
CITY-ST-ZIP	JACKSONVILLE BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARTIN, CRAHAM C.	
STREET ADDRESS	12969 PALMETTO GLADE DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENSON, LA RUE	
STREET ADDRESS	128 35TH AVE., SOUTH	
CITY-ST-ZIP	JACKSONVILLE BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, ROSEMARY	
STREET ADDRESS	1452 SEMINOLE ROAD	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, REV. WILLIAM A.	
STREET ADDRESS	224 N. FIFTH STREET	
CITY-ST-ZIP	JACKSONVILLE BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4161 WINDSOR PARKE D.R.E.
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sharon A. Foy (SHARON A. FOY) 2/7/96 404-992-4865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)