


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 12 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 # 766792 (6)**

1. Corporation Name  
**BIRTHRIGHT OF JACKSONVILLE BEACH, INC.**



Principal Place of Business <b>1921 NORTH THIRD STREET                  P O BOX 50153                  JACKSONVILLE BEACH FL 32240</b>	Mailing Address <b>1921 NORTH THIRD STREET                  P O BOX 50153                  JACKSONVILLE BEACH FL 32240-0153</b>
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3. Date Incorporated or Qualified <b>02/01/1983</b>	3a. Date of Last Report <b>03/07/1996</b>
4. FEI Number <b>59-2255051</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

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

01 Name  
 02 Street Address (P.O. Box Number is Not Acceptable)  
 03  
 04 City **FL** 05 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOY, SHARON A.	1.2 NAME	
STREET ADDRESS	4161 WINDSOR PARKE DR, E	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	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 32250	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	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 32246	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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 32250	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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 32233	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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 32250	6.4 CITY-ST-ZIP	

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: **SHARON A. FOY** *Sharon A. Foy* 1/2/97 904-249-8644

CR2E037 (9/96)