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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90098 032 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 766792**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/01/1983
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2255051
23 City & State	28 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25 Country	30 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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOY, SHARON A.	
STREET ADDRESS	4161 WINDSOR PARKE DR, E	
CITY-ST-ZIP	JACKSONVILLE 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	1018 24TH ST N	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARTIN, CRAHAM C
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 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, with all other like empowered.

SIGNATURE: [Signature] 1-25-99 904 281-7643  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)