

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766792

1. Entity Name

BIRTHRIGHT OF JACKSONVILLE BEACH, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90122 008 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2255051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Sharon A. Foy

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

(NOTE: Registered Agent signature required when reinstating)

1/20/02
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FOY, SHARON A.
STREET ADDRESS 4161 WINDSOR PARKE DR, E
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME MANAHAN, MARGARET
STREET ADDRESS 4446 AUTUMN ROVER RD
CITY-ST-ZIP JACKSONVILLE FL 32224-7597 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME MARTIN, GARHAM C
STREET ADDRESS 1018 24TH ST N
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME JONES, ROSEMARY
STREET ADDRESS 1452 SEMINOLE ROAD
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME KELLY, REV. WILLIAM A.
STREET ADDRESS 224 N FIFTH STREET
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon A. Foy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)