

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766792

**FILED**  
**Jan 17, 2004**  
**Secretary of State****Entity Name:** BIRTHRIGHT OF JACKSONVILLE BEACH, INC.**Current Principal Place of Business:**1921 NORTH THIRD STREET  
P O BOX 50153  
JACKSONVILLE BEACH, FL 32240**New Principal Place of Business:****Current Mailing Address:**1921 NORTH THIRD STREET  
P O BOX 50153  
JACKSONVILLE BEACH, FL 32240**New Mailing Address:****FEI Number:** 59-2255051**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MARTIN, GRAHAM  
1018 24TH STREET N.  
JACKSONVILLE BEACH, FL 32250**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** LE TELLIER, DONNA  
**Address:** 1700 1ST STREET  
**City-St-Zip:** NEPTUNE BEACH, FL 32266**Title:** SD ( ) Delete  
**Name:** MANAHAN, MARGARET,  
**Address:** 4446 AUTUMN ROVER RD  
**City-St-Zip:** JACKSONVILLE, FL 322247597**Title:** TD ( ) Delete  
**Name:** MARTIN, GARHAM C  
**Address:** 1018 24TH ST N  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250**Title:** PD (X) Delete  
**Name:** JONES, ROSEMARY,  
**Address:** 1452 SEMINOLE ROAD  
**City-St-Zip:** ATLANTIC BEACH, FL 32233**Title:** D ( ) Delete  
**Name:** KELLY, REV. WILLIAM, A.  
**Address:** 224 N. FIFTH STREET  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** STEVENS, JUDY  
**Address:** 3350 S 3RD STREET  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250**Title:** SD (X) Change ( ) Addition  
**Name:** MANAHAN, MARGARET  
**Address:** 4446 AUTUMN ROVER RD  
**City-St-Zip:** JACKSONVILLE, FL 322247597**Title:** TD (X) Change ( ) Addition  
**Name:** MARTIN, GRAHAM C  
**Address:** 1018 24TH ST N  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** KELLY, REV. WILLIAM A  
**Address:** 224 N. FIFTH STREET  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRAHAM MARTIN

TD

01/17/2004

Electronic Signature of Signing Officer or Director

Date