

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766792

FILED
Mar 25, 2007
Secretary of State

Entity Name: BIRTHRIGHT OF JACKSONVILLE BEACH, INC.

Current Principal Place of Business:

255 18TH AVENUE N
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

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 US

Name and Address of New Registered Agent:

MARTIN, GRAHAM
710 COPPERHEAD CIRCLE
ST. AUGUSTINE, FL 32092 US

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

03/25/2007

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEVENS, JUDY
Address: 3350 S 3RD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD () Delete
Name: MANAHAN, MARGARET
Address: 4446 AUTUMN ROVER RD
City-St-Zip: JACKSONVILLE, FL 322247597

Title: TD () Delete
Name: MARTIN, GRAHAM C
Address: 1018 24TH ST N
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: MARTELLA, TEENA
Address: 9105 HONEYBEE LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD (X) Change () Addition
Name: SHIELDS, KAREN
Address: 8031 PEBBLE CREEK LANE W
City-St-Zip: PONTE VEDRA, FL 32082

Title: TD (X) Change () Addition
Name: MARTIN, GRAHAM C
Address: 710 COPPERHEAD CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

Electronic Signature of Signing Officer or Director

TD

03/25/2007

Date