


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90040 011 \*\*\*\*61.25

<b>DOCUMENT # 766792</b> 1. Entity Name <b>BIRTHRIGHT OF JACKSONVILLE BEACH, INC.</b>					
Principal Place of Business <b>255 18TH AVENUE N JACKSONVILLE BEACH, FL 32250</b>				Mailing Address <b>P O BOX 50153 JACKSONVILLE BEACH, FL 32240</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>MARTIN, GRAHAM 710 COPPERHEAD CIRCLE ST. AUGUSTINE, FL 32092</b>				7. Name and Address of New Registered Agent Name <b>CAROL A. BUCZKOWSKI</b> Street Address (P.O. Box Number is Not Acceptable) <b>2205 AVIAN PL</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32224</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Carol A Buczkowski, Treasurer</i> DATE <b>2/29/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTELLA, TEENA 9105 HONEYBEE LANE JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARVELLEN MULLIGAN 14719 PLUMOSA DR. JACKSONVILLE BCH., FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHIELDS, KAREN 8031 PEBBLE CREEK LANE W PONTE VEDRA, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAROL A. BUCZKOWSKI 2205 AVIAN PL JACKSONVILLE, FL 32224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, GRAHAM C 710 COPPERHEAD CIRCLE ST. AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAROL A. BUCZKOWSKI 2205 AVIAN PL JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, REV. WILLIAM A 224 N. FIFTH STREET JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAROL A. BUCZKOWSKI 2205 AVIAN PL JACKSONVILLE, FL 32224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Carol A Buczkowski</i> <b>CAROL A BUCZKOWSKI</b> <b>2/29/08</b> <b>(904) 221-1129</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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02112008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2255051** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required