

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766792

FILED  
Mar 23, 2009  
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:**

255 18TH AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250

FEI Number: 59-2255051

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUCZKOWSKI, CAROL A  
2205 AVIAN PL  
JACKSONVILLE, FL 32224 US

**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: PD ( ) Delete  
Name: MULLIGAN, MARY ELLEN  
Address: 14719 PLUMOSA DR.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

Title: TD ( ) Delete  
Name: BUCZKOWSKI, CAROL A  
Address: 2205 AVIAN PL.  
City-St-Zip: JACKSONVILLE, FL 32224

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CAROL A BUCZKOWSKI

TD

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date