

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90124 014 ****70.00

DOCUMENT # 766792

1. Entity Name
BIRTHRIGHT OF JACKSONVILLE BEACH, INC.



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
---	---



CHECK HERE IF MAKING CHANGES

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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name ~~ROSEMARY JONES~~ **GRAHAM MARTIN**
Street Address (P.O. Box Number is Not Acceptable)
1018 24 TH STREET N
City **JACKSONVILLE BEACH FL** Zip Code **32250**

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 *Graham Martin*, **TREASURER (GRAHAM MARTIN)** **3-3-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME PD FOY, SHARON A.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4161 WINDSOR PARKE DR, E JACKSONVILLE FL 32224	
TITLE NAME SD MANAHAN, MARGARET	<input type="checkbox"/> Delete
STREET ADDRESS 4446 AUTUMN ROVER RD JACKSONVILLE FL 32224-7597	
TITLE NAME TD MARTIN, GARHAM C	<input type="checkbox"/> Delete
STREET ADDRESS 1018 24TH ST N JACKSONVILLE BEACH FL 32250	
TITLE NAME D JONES, ROSEMARY	<input type="checkbox"/> Delete
STREET ADDRESS 1452 SEMINOLE ROAD ATLANTIC BEACH FL 32233	
TITLE NAME D KELLY, REV. WILLIAM A.	<input type="checkbox"/> Delete
STREET ADDRESS 224 N. FIFTH STREET JACKSONVILLE BEACH FL 32250	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D DONNA LE TELLIER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1700 1ST STREET NEPTUNE BEACH, FL 32266	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Graham Martin*, **TREASURER (GRAHAM MARTIN)** **3-3-03** **904 998 4982**

CR2E037 (10/02)