

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2255051**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$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

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 **PD** ☒ Delete
NAME **FOY, SHARON A.**
STREET ADDRESS **4161 WINDSOR PARKE DR, E**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **SD** ☐ Delete
NAME **MANAHAN, MARGARET**
STREET ADDRESS **4446 AUTUMN ROVER RD**
CITY-ST-ZIP **JACKSONVILLE FL 32224-7597**

TITLE **TD** ☐ Delete
NAME **MARTIN, GARHAM C**
STREET ADDRESS **1018 24TH ST N**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D** ☐ Delete
NAME **JONES, ROSEMARY**
STREET ADDRESS **1452 SEMINOLE ROAD**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **D** ☐ Delete
NAME **KELLY, REV. WILLIAM A.**
STREET ADDRESS **224 N. FIFTH STREET**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **DONNA LE TELLIER**
STREET ADDRESS **1700 1ST STREET**
CITY-ST-ZIP **NEPTUNE BEACH, FL 32266**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 3-3-03 904 998 4982

CR2E037 (10/02)