

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006766

FILED
Aug 08, 2008
Secretary of State

Entity Name: SOUTH BREVARD MOTHERS OF MULTIPLES, INC.

Current Principal Place of Business:

110 E NEW HAVEN AVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

PO BOX 3251
MELBOURNE, FL 329023251

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COX, KIM
5364 CREEKWOOD DRIVE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

KOZACK, SHANNAN
503 HOLLY DRIVE
SATELLITE BEACH, FL 32937 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: SHANNAN KOZACK

08/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COX, KIM
Address: 5364 CREEKWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: PS (X) Delete
Name: STRUCKMAN, KATIE
Address: 2120 STRATFORD POINTE DRIVE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D (X) Delete
Name: NIPPER, BRIANNA
Address: 3130 LAGO VISTA DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: V (X) Delete
Name: LYONS, TAMMY
Address: 128 PELICAN DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32950

Title: V (X) Delete
Name: KOZACK, SHANNAN
Address: 503 HOLLY DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T (X) Delete
Name: PELCHAT, STACEY
Address: 936 CARRIAGE HILL ROAD
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KOZACK, SHANNAN
Address: 503 HOLLY DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

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: SHANNAN KOZACK

P

08/08/2008

Electronic Signature of Signing Officer or Director

Date