

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006766

**FILED**  
**Jan 31, 2012**  
**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:** 59-2845426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RYAN, ANGELA  
2141 WEATHERLY AVE  
WEST MELBOURNE, FL 32904 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:** P  
**Name:** SESSIONS, KRISTI  
**Address:** 1310 CHERRY HILLS RD  
**City-St-Zip:** NE PALM BAY, FL 32905

**Title:** T  
**Name:** RYAN, ANGELA  
**Address:** 2141 WEATHERLY AVE  
**City-St-Zip:** WEST MELBOURNE, FL 32904

I hereby 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 all other like empowered.

**SIGNATURE:** ANGELA RYAN

T

01/31/2012

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

\_\_\_\_\_  
Date