

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17948

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Entity Name:** BIRTHRIGHT OF COCOA BEACH - CENTRAL BREVARD COUNTY, INC.

**Current Principal Place of Business:**

5360 N. ATLANTIC AVENUE  
SUITE G  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

5360 N. ATLANTIC AVENUE  
SUITE G  
COCOA BEACH, FL 32931

**New Mailing Address:**

**FEI Number:** 59-2837779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KENNEDY, PATRICIA A.  
124 SURF DRIVE  
COCOA BEACH, FL 32931 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  
Name: KENNEDY, PATRICIA A  
Address: 124 SURFSIDE DR  
City-St-Zip: COCOA BEACH, FL 32931

Title: TD  
Name: ALTMANSHOFER, KATHY  
Address: 236 LAKESHORE DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD  
Name: WERCINSKI, CLARA  
Address: 632 ADAMS AVENUE  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: S  
Name: LEESER, JANET S  
Address: 213 HARBOR DR.  
City-St-Zip: CAPE CANAVERAL, FL 32920

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: PATRICIA A. KENNEDY

PD

01/20/2011

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

\_\_\_\_\_  
Date