

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90044 021 ****61.25

DOCUMENT # N17948

1. Entity Name

**BIRTHRIGHT OF COCOA BEACH - CENTRAL BREVARD COUN
TY, INC.**



Principal Place of Business

**%PATRICIA A. KENNEDY
214 NORTH 1ST STREET
COCOA BEACH FL 32931**

Mailing Address

**%PATRICIA A. KENNEDY
214 NORTH 1ST STREET
COCOA BEACH FL 32931**

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 **59-2837779**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENNEDY, PATRICIA A.
214 NORTH FIRST STREET
COCOA BEACH FL 32931**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD KENNEDY, PATRICIA A 124 SURFSIDE DR COCOA BEACH FL	<input type="checkbox"/>		
TD ANDERSEN, ROBERTA 239 ANTOGUA DR COCOA BCH FL	<input type="checkbox"/>		
VD MCWILLIAMS, ROSEMARY K 400 DORSET DR COCOA BEACH FL	<input type="checkbox"/>		
S SMITH, MARY LOU 3060 NORTH ATLANTIC AVE #110 COCOA BEACH FL 32931	<input checked="" type="checkbox"/>	S Janet S. Leaser 213 Harbor Drive Cape Canaveral, FL 32920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED

70011680



☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)

01-15-03 321-753-8102