

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N21842** (2)
1. Corporation Name
SOUTH BREVARD MOTHERS OF MULTIPLES, INC.



| | |
|--|--|
| Principal Place of Business P. O. BOX 3251 MELBOURNE FL 32902 US | Mailing Address P. O. BOX 3251 MELBOURNE FL 32902 US |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country |
|---|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 07/31/1987 | |
| 4. FEI Number 59-2845426 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent WEBB, DE ETT 144 HONEYSUCKLE LANE MELBOURNE FL 32903 | |
|--|--|

| | |
|---|--------------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code FL |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *De Etti Webb* DATE *4/14/98*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | T D WINCHELL, LAURIE |
| STREET ADDRESS | 341 CYPRESS ST. |
| CITY-ST-ZIP | INDIALANTIC FL 32903 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | S D WILSON, YONTINA |
| STREET ADDRESS | 1420 WALDRUN STREET S.E. |
| CITY-ST-ZIP | PALM BAY FL 32909 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | DV DRUCKENMILLER, LAURIE |
| STREET ADDRESS | 530 SAWGRASS CIRCLE |
| CITY-ST-ZIP | MELBOURNE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | V D BEAL, MARY |
| STREET ADDRESS | 108 BAY DR. N. |
| CITY-ST-ZIP | INDIAN HARBOUR BEACH FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | V D HAMMOND, DENISE |
| STREET ADDRESS | 1285 GIRALDA CIRCLE N.W. |
| CITY-ST-ZIP | PALM BAY FL 32907 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | P D WEBB, DE ETT |
| STREET ADDRESS | 114 HONEYSUCKLE LANE |
| CITY-ST-ZIP | MELBOURNE FL 32901 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laurie Winchell* *LAURIE WINCHELL* DATE *04/13/98* *4071732303*

CR2E037 (1097)