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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001481

1. Corporation Name

BIRTHRIGHT OF MELBOURNE, INC.

Principal Place of Business

814 MELBOURNE AVE.  
MELBOURNE FL 32901

Mailing Address

P.O. BOX 2044  
MELBOURNE FL 32902-2044



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

03/21/1994

4. FEI Number

59-3250234

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ALLEN, MARY  
101 C OCEAN TERRACE  
INDIALANTIC 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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME ALLEN, MARY

STREET ADDRESS P.O. BOX 2044 N/A 145 Orlando Blvd

CITY-ST-ZIP MELBOURNE FL 32902-2044 Indialantic

TITLE DV ☒ DELETE

NAME FLOYD, CAROL M

STREET ADDRESS 2108 WAVERLY PLACE

CITY-ST-ZIP MELBOURNE FL 32901

TITLE D ☐ DELETE

NAME MARION, VONNIE

STREET ADDRESS 2085 S. RIVER RD.

CITY-ST-ZIP MELBOURNE FL 32951

TITLE DS ☒ DELETE

NAME HEALY, AGNES

STREET ADDRESS 2430 NEW YORK ST.

CITY-ST-ZIP MELBOURNE FL 32901

TITLE DT ☐ DELETE

NAME BYARS, MARY

STREET ADDRESS 698 JACKSON CT.

CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME DV Holland, Jackie

1.3 STREET ADDRESS 3209 River Wind Ct

1.4 CITY-ST-ZIP Melbourne Beach, FL 32951

2.1 TITLE DV ☐ Change ☒ Addition

2.2 NAME Furlong, Lisa

2.3 STREET ADDRESS 6305 Highway A1A

2.4 CITY-ST-ZIP Florida Beach, FL 32951

3.1 TITLE S/T/D ☐ Change ☐ Addition

3.2 NAME Marion, Vonnice

3.3 STREET ADDRESS 2085 S. River Rd

3.4 CITY-ST-ZIP Melbourne Beach, FL 32951

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Mary Allen  
SIGNATURE REQUIRED: Mary Allen  
Date: 4/25/99  
Daytime Phone #: 407-722-5235