2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N94000001481

Entity Name: BIRTHRIGHT OF MELBOURNE, INC.

Current Principal Place of Business:

814 MELBOURNE AVE.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2044
MELBOURNE, FL 329022044

New Mailing Address:

FEI Number: 59-3250234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARIAN, VONNIE
23085 S RIVER ROAF
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

MARIAN, VONNIE
23085 S RIVER ROAD
MELBOURNE BEACH, FL 32951 US

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: _____ 04/18/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: ALLEN, MARY
Address: 145 ORLANDO BLVD
City-St-Zip: INDIALANTIC, FL 32903

Title: DV ( ) Delete
Name: HOLLAND, JACKIE
Address: 3209 RIVER WIND CT
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: STD ( ) Delete
Name: MARION, VONNIE
Address: 2085 S. RIVER RD.
City-St-Zip: MELBOURNE, FL 32951

Title: DV ( ) Delete
Name: JEFFREYS, MARYLIN
Address: 240 HAMMOCK SHORE DR
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: DP ( ) Delete
Name: ROOT, NANCY C
Address: 240 HAMMOCK SHORE DRIVE #106
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: MARIAN, VONNIE
Address: 2085 S. RIVER RD.
City-St-Zip: MELBOURNE, FL 32951

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: VONNIE MARIAN STD 04/18/2005
Electronic Signature of Signing Officer or Director — Date