

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001481

FILED
Mar 09, 2006
Secretary of State

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 ROAD
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

MARIAN, VONNIE
2085 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:

03/09/2006

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: MARIAN, 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: JEFFREYS, MARYLIN
Address: 240 HAMMOCK SHORE DR
City-St-Zip: MELBOURNE BEACH, FL 32951

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

03/09/2006

Electronic Signature of Signing Officer or Director

Date