LE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMENDED AND FILED

95 APR 19 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003416 (4)

1. Corporation Name

CHILDBIRTH ENHANCEMENT FOUNDATION, INC.

Principal Place of Business	Mailing Address
1004 GEORGE AVENUE ROCKLEDGE FL 32955	1004 GEORGE AVENUE ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1994

3a. Date of Last Report: 1st x filing

4. FEI Number: 59-3255534 ☐ 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status filed for ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1004 George Ave.	26 Same
22 Suite, Apt. #, etc.	27 Same
23 City & State: Rockledge	28 Same
24 Zip: 32955 25 Country: USA	29 Zip: Same 30 Country

9. Name and Address of Current Registered Agent

BRADLEY, KATHY
1004 GEORGE AVENUE
ROCKLEDGE FL 32955

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BRADLEY, KATHY	1.2 NAME		
STREET ADDRESS	1004 GEORGE AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	S/D	☒ Change ☐ Addition
NAME	CLANCY, DEBORAH A	2.2 NAME	Bradley, Kevin J.	
STREET ADDRESS	303 E. LIVINGSTON ST.	2.3 STREET ADDRESS	1004 George Ave.	
CITY-ST-ZIP	ORLANDO FL 32801 Resigned	2.4 CITY-ST-ZIP	Rockledge, Fl 32955	
TITLE	D	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	MARZIG, TRUDIE	3.2 NAME	Galloway, Cherie	
STREET ADDRESS	948 WILDWOOD DRIVE	3.3 STREET ADDRESS	794 Alcazar Aven.	
CITY-ST-ZIP	MELBOURNE FL 32940 Resigned	3.4 CITY-ST-ZIP	Cocoa, Fl 32955	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HORAN, PAT	4.2 NAME		
STREET ADDRESS	571 HIDDEN HOLLOW DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953 Resigned	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	PIERCE, GINA	5.2 NAME		
STREET ADDRESS	1198 IDA COURT N.W.	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907 Resigned	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kathy Bradley Kathy Bradley April 12, 1995 631-9977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000448