

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N94000003416 (4)**

1. Corporation Name

CHILDBIRTH ENHANCEMENT FOUNDATION, INC.

Principal Place of Business

Mailing Address

1004 GEORGE AVENUE
ROCKLEDGE FL 32955
US

1004 GEORGE AVENUE
ROCKLEDGE FL 32955



3. Date Incorporated or Qualified
07/07/1994

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 1004 George Avenue

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

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

City & State

City & State

23 Rockledge, FL

28

Zip

Country

Zip

Country

24 32955

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADLEY, KATHY
1004 GEORGE AVENUE
ROCKLEDGE FL 32955

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 **Kathy Bradley President**

April 23, 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

P.D.

☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BRADLEY, KATHY
1004 GEORGE AVENUE
ROCKLEDGE FL 32955**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**Kathy Bradley
1004 George Ave
Rockledge, FL 32955**

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
BRADLEY, KEVIN J
1004 GEORGE AVE.
ROCKLEDGE FL**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**D
Michelle Molina
370 Brentwood Ct.
Merritt Island, FL 32952**

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
GALLOWAY, CHERIE
794 ALCAZAR AVE.
COCOA FL**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**D
Kathleen Lester
765 White Pine Ave.
Rockledge, FL 32955**

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96
DATE

639-4163
Daytime Phone #

CR2E037 (12/95)