

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 32955-3802 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/07/1994 | 3a. Date of Last Report 04/29/1996 |
|--|--|

| | | | |
|---|--------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-3255534 | Applied For <input type="checkbox"/> Not Applicable |
| 21 1004 George Ave. | 26 SAME | | |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 City & State Rockledge, FL | 28 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 Zip 32905 | 29 Country USA | 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |

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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BRADLEY, KATHY | 1.2 NAME | Robin Chamberlin |
| STREET ADDRESS | 1004 GEORGE AVENUE | 1.3 STREET ADDRESS | 224 Second St. |
| CITY-ST-ZIP | ROCKLEDGE FL | 1.4 CITY-ST-ZIP | Merritt Island, FL 32963 |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRADLEY, KEVIN J | 2.2 NAME | |
| STREET ADDRESS | 1004 GEORGE AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCKLEDGE FL | 2.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GALLOWAY, CHERIE | 3.2 NAME | |
| STREET ADDRESS | 794 ALCAZAR AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCOA FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOLINA, MICHELLE | 4.2 NAME | |
| STREET ADDRESS | 370 BRENTWOOD COURT | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MERRITT ISLAND FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LESTER, KATHLEEN | 5.2 NAME | |
| STREET ADDRESS | 785 WHITE PINE AVENUE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCKLEDGE FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED **Kathy Bradley** 4-7-97

Date

Daytime Phone # 0020260

CR2E037 (9/96)