## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N94000003416 (4)

## CHILDBIRTH ENHANCEMENT FOUNDATION, INC.

Principal Place of Business		Mailing Address			i imanifer arm imitt andii antii attit matii attit attit attit attit	ı sanınını ara tajlı asatı ganır galut Salit anını dalan silit gifiği tibra Sili 1001			
1004 GEORGE AVENUE ROCKLEDGE FL 32955 US		1004 GEORGE AVENUE ROCKLEDGE FL 32955		3. Date Incorporated or Qualified 07/07/1994	3. Date Incorporated or Qualified 07/07/1994				
100					4. FEI Number		Applied For		
					59-3255534		Not Applicable		
2. Principal Place of Business 21		2a. Mailing Address 26		5. Certificate of Status Desired	5. Certificate of Status Desired Series Seri				
Suite, Apt #, etc		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.0	00 May Be			
22		27		Trust Fund Contribution	Add	ed to Fees			
City & State		City & State		7. Is this nonprofit corporation a homeowners	essoci No	iation?			
Zip	Country	Zip	Country		8. This corporation owes or has paid the curr		er Intendible		
24	25	29	30			Yes	No No		
<del></del>	9. Name and Address of Curren		100		10. Name and Address of New Registered A				
			81	Nam			****		
BRADLEY, KATHY			82	Stree	Address (P.O. Box Number is Not Acceptable)				
1004 GEORGE AVENUE ROCKLEDGE FL 32955			63						
HOUNLE	LASE PL 32933			L					
İ			84	City	FL	65	Zip Code		
office or ri agent. I at SIGNATURE	to the provisions of Sections 617.050, egistered agent, or both, in the State in familiar with, and accept the obligation of printed name of registring age	of Florida. Such change was alions of, Section 617.0503, Fl	authorized by orida Statutes	the co	ad corporation submits this statement for the purpose of orporation's board of directors. I hereby accept the appointment of the purpose of t	:hangir intmen	ng its registered It as registered		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE			Char	nge 🔀 Addition		
NAME	BRADLEY, KATHY		1.2 NAME		Jennie Joseph		'		
STREET ADDRESS	1004 GEORGE AVENUE		1.3 STREET	ADDRES			i		
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY - S	T-ZiP	Winter Garden F1 34787				
TITLE	SD	☐ DELETE	2.1 TITLE			Char	nge 🔲 Addition		
NAME	BRADLEY, KEVIN J		2.2 NAME		In a Mile a red				
STREET ADDRESS	1004 GEORGE AVE.		2.3 STREET	ADDRES	s 1004 Groige Ave.				
CITY-ST-ZIP	ROCKLEDGE FL		2.4 CITY-	ST-ZIP	Rockledge F1 32966				
TITLE	TD	DELETE	3.1 TITLE			Char	nge Addition		
NAME	GALLOWAY, CHERIE	•	32 NAME						
STREET ADDRESS	794 ALCAZAR AVE.		3.3 STREET	ADDRES	s		ļ		
CITY-ST-ZIP	COCOA FL		3.4 CITY-5	ST-ZIP					
TITLE	D	DELETE	4.1 TITLE			Char	nge Addition		
NAME	MOLINA. MICHELLE		4. 2 NAME				,		
STREET ADDRESS	370 BRENTWOOD COURT		4.3 STREET	ADDRES	s				
CITY-ST-ZIP	MERRITT ISLAND FL		4.4 CITY-ST-ZIP						
TITLE	D	<b>X</b> DELETE	5.1 TITLE			Char	nge Addition		
NAME	LESTER, KATHLEEN	•	5.2 NAME				ļ		
STREET ADDRESS	765 WHITE PINE AVENUE		5 3 STREET	ADDAES	s		ļ		
CITY-ST-ZIP	ROCKLEDGE FL		5.4 CITY-S				}		
TITLE	D	☐ DELETE	6.1 TITLE			Char	nge Addition		
NAME	CHAMBERLIN, ROBIN		6.2 NAME						
STREET ADDRESS	224 SECOND ST		6.3 STREET	ADDRES	s				

14. Thereby 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 supplication in 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 or an attaging in with an address.

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Apr 30 1998 8:00am

Secretary of State

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