

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

0006174

DOCUMENT # N00000003856

1. Entity Name

COALITION FOR IMPROVING MATERNITY SERVICES, INC.

04-05-2001 90017 030 ****61.25

Principal Place of Business

Mailing Address

PO BOX 2346
 PONTE VEDRA BEACH FL 32004

PO BOX 2346
 PONTE VEDRA BEACH FL 32004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3649578

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARTLETT & DEAL, P.A.
 50 NORTH A1A, STE 103
 PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name Rae Davies
 Street Address (P.O. Box Number is Not Acceptable) 620-11 Ponte Vedra Blvd
 City Ponte Vedra Beach FL Zip Code 32082

8. 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 Gary Davis, Executive Director DATE 4/3/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

See Attached

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ DATE 3/21/01 DAYTIME PHONE # 904-285-1613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)

Attachment
N00000003856

April 4, 2001

Additions of officers and directors:

D/Barbara Hotelling
2112 Bretton Drive
Rochester Hills, MI 48309

D/Patricia Turner
22 Richard Street
Green, ME 04236

D/Deborah Woolley
1143 S. Clinton Avenue
Oak Park, IL 60304

D/Jack Travis
2 Wattle Rise
POB 387
Metung 3904
Victoria, Australia

D/Jessica Porter
P.O. Box 38274
Cambridge, MA 02238

D/Linda Smith
6540 Cedarview Court
Dayton, OH 45459

D/Rae Davies
P.O. Box 2346
Ponte Vedra Beach, FL 32004