

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003856

FILED
Apr 22, 2004
Secretary of State

Entity Name: COALITION FOR IMPROVING MATERNITY SERVICES, INC.

Current Principal Place of Business:

PO BOX 2346
PONTE VEDRA BEACH, FL 32004

New Principal Place of Business:

Current Mailing Address:

PO BOX 2346
PONTE VEDRA BEACH, FL 32004

New Mailing Address:

FEI Number: 59-3649578 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DAVIES, RAE
620-11 PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PASEALI-BONARO, DEBRA
Address: 584 ECHO GLEN AVE.
City-St-Zip: RIVER VALE, NJ 07675

Title: VD () Delete
Name: JUKELEVICS, NICETTE
Address: 24050 MADISON ST #200
City-St-Zip: TORRANCE, CA 90505

Title: PD () Delete
Name: WOOLLEY, DEBORAH
Address: 1143 S CLINTON AVENUE
City-St-Zip: OAK PARK, IL 60304

Title: D () Delete
Name: DAVIS, CAROL
Address: 11834 W. GREENFIELD AVE
City-St-Zip: MILWAUKEE, WI 53214

Title: TD () Delete
Name: PORTER, JESSICA
Address: 4 WILLOW STREET
City-St-Zip: DEDHAM, MA 02026

Title: SD () Delete
Name: SMITH, LINDA
Address: 6540 CEDARVIEW COURT
City-St-Zip: DAYTON, OH 45459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOLLAND, CATHY
Address: 1127 BERKSHIRE RD
City-St-Zip: GROSSE PTE, MI 48230

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JESSICA PORTER

TD

04/22/2004

Electronic Signature of Signing Officer or Director

Date