

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003856

FILED  
Mar 14, 2005  
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:**

620-11 PONTE VEDRA BLVD  
PONTE VEDRA BEACH, FL 32082

**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: HOLLAND, CATHY  
Address: 1127 BERKSHIRE RD  
City-St-Zip: GROSSE PTE, MI 48230

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: TD      (X) Change ( ) Addition  
Name: KENDELL, MICHELLE  
Address: 8540 LINCOLN  
City-St-Zip: HUNTINGTON WOODS, MI 48070

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: PORTER, JESSICA  
Address: 4 WILLOW STREET  
City-St-Zip: DEDHAM, MA 02026

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: RAE DAVIES

ED

03/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date