


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90099 046 ****61.25

DOCUMENT # N00000003856

1. Entity Name
COALITION FOR IMPROVING MATERNITY SERVICES, INC.



Principal Place of Business
**620-11 PONTE VEDRA BLVD
 PONTE VEDRA BEACH, FL 32082**

Mailing Address
**PO BOX 2346
 PONTE VEDRA BEACH, FL 32004**

40075872



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
1500 Sunday Drive
 Suite, Apt. #, etc.
Suite 102
 City & State
Raleigh, NC
 Zip Country
27607 U.S.A.

04012008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3649578

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DAVIES, RAE
 620-11 PONTE VEDRA BLVD
 PONTE VEDRA BEACH, FL 32082**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10/1/08 | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TO HERRICK, LINDA 3553 OREGON ROAD OTTAWA, KS 66067 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LESLIE, MAYRI S 6169 WINDAM HILL RUN ALEXANDRIA, VA 22315 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LESLIE, MAYRI S. 6169 WINDAM HILL RUN ALEXANDRIA, VA 22315 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOOLLEY, DEB 9942 KIKA COURT #2424 SAN DIEGO, CA 92129 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D IRENE JILLSON 4700 UPTON ST. NW WASHINGTON, DC 20016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOTELLING, BARBARA 2112 BRETTON DRIVE S ROCHESTER, MI 48309 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KENDELL, MICHELLE 8540 LINCOLN HUNTINGTON WOODS, MI 48070 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD STORTON, SHARON 1373 DEROCHE COURT SUNNYVALE, CA 94087 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: MICHELLE KENDELL **MICHELLE KENDELL** 4.8.08 2483982095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone



CIMS
COALITION FOR IMPROVING
MATERNITY SERVICES

1500 SUNDAY DRIVE, SUITE 102
RALEIGH, NC 27607
TELEPHONE: 888.282.CIMS (2467)
FAX: 904.285.2120
MOTHERFRIENDLY.ORG

ATTACHMENT

40075872

MAKING MOTHER-FRIENDLY CARE A REALITY

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Entity Name: Coalition for Improving Maternity Services

Additional Officers/Directors:

D

Nicette Jukelevics
30526 Rhone Drive
Rancho Palos Verdes, CA 90275

D

Mairi Breen Rothman
7301 Garland Avenue
Takoma Park, MD 20912

D

Ruth T. Wilf
712 Arlington Road
Narbeth, PA 19072