

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003856

FILED
Apr 18, 2011
Secretary of State

Entity Name: COALITION FOR IMPROVING MATERNITY SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1500 SUNDAY DRIVE
STE 102
RALEIGH, NC 27607

New Mailing Address:

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

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: PD
Name: HERRICK, LINDA
Address: 3553 OREGON ROAD
City-St-Zip: OTTAWA, KS 66067

Title: SD
Name: MACIOCE-STUMPF, VICTORIA
Address: 2437 SANDERS PLACE
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: TD
Name: PFAFFL, NASIMA
Address: 1224 COVENTRY CIRCLE
City-St-Zip: MELBOURNE, FL 32904

Title: D
Name: HOTELLING, BARBARA
Address: 2112 BRETTON DRIVE S
City-St-Zip: ROCHESTER, MI 48309

Title: D
Name: HILDRETH, MARILYN
Address: 4026 WILLOW LANE
City-St-Zip: BROOKINGS, SD 57006

Title: D
Name: ALDERKS, JENNE
Address: 4747 30TH AVE NE B107
City-St-Zip: SEATTLE, WA 98105

I hereby 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 all other like empowered.

SIGNATURE: DENNA SUKO

ED

04/18/2011

Electronic Signature of Signing Officer or Director

Date