

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003856

FILED
Apr 27, 2012
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:

P.O. BOX 33590
RALEIGH, NC 27607

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: KENDELL, MICHELLE
Address: 8450 LINCOLN DRIVE
City-St-Zip: HUNTINGTON WOODS, MI 48070

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

Title: TD
Name: BROWN, VICTORIA
Address: 5990 BEAMON OLD CREEK ROAD
City-St-Zip: WALSTONBURG, NC 27888

Title: D
Name: HOTELLING, BARBARA
Address: 107 SULLY CT.
City-St-Zip: CHAPEL HILL, NC 27514

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

Title: D
Name: ALDERKS, JENNE
Address: 19222 90TH AVENUE NE
City-St-Zip: BOTHELL, WA 98011

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: VICTORIA MACIOCE-STUMPF

SD

04/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date