


AMENDED

FILED

03 JUN 17 AM 9:48

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N0000003856			
1. Entry Name COALITION FOR IMPROVING MATERNITY SERVICES, INC.			
Principal Place of Business PO BOX 2346 PONTE VEDRA BEACH, FL 32004		Mailing Address PO BOX 2346 PONTE VEDRA BEACH, FL 32004	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3649578		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent Signature Required when Resigning) DATE _____			
FILE NOW - FEES \$51.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASEALI-BONARD, DEBRA	NAME	
STREET ADDRESS	684 ECHO GLEN AVE.	STREET ADDRESS	
CITY-STATE-ZIP	RIVER VALE, NJ 07875	CITY-STATE-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, PATRICIA	NAME	Jukelevics Niece
STREET ADDRESS	22 RICHARD STREET	STREET ADDRESS	24050 madison St #200
CITY-STATE-ZIP	GREENE, ME 04236	CITY-STATE-ZIP	Torrance, CA 90505
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOLLEY, DEBORAH	NAME	T/D
STREET ADDRESS	1143 S CLINTON AVENUE	STREET ADDRESS	
CITY-STATE-ZIP	OAK PARK, IL 60304	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CAROL	NAME	
STREET ADDRESS	11634 W. GREENFIELD AVE	STREET ADDRESS	
CITY-STATE-ZIP	MILWAUKEE, WI 53214	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, JESSICA	NAME	T/D Porter, Jessica
STREET ADDRESS	PO BOX 38274	STREET ADDRESS	4 Willow St.
CITY-STATE-ZIP	CAMBRIDGE, MA 02238	CITY-STATE-ZIP	Dedham, MA 02026
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LINDA	NAME	S/D
STREET ADDRESS	6640 CEDARVIEW COURT	STREET ADDRESS	
CITY-STATE-ZIP	DAYTON, OH 45459	CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 authority empowered.			
SIGNATURE: <u>Jessica Porter</u> Jessica Porter 6/3/03 617-359-4761			

CR03037 (10/02)

See:
Additional directors
attached

ATTACHMENT

N000000003586

Document #N00000003856

Coalition for Improving Maternity Services, Inc.

Additions to Officers and Directors

D

Barbara Hotelling

2112 Bretton Drive, South

Rochester, MI 48309

D

Karen Salt

5133 State Road 26 West

West Lafayette, IN 47906

D

Roberta Scaer

710 Grape Avenue

Boulder, CO 80304