FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mo<u>stham</u>

Secretary of State DIVISION OF CORPORATIONS

1998 POCUMENT #

(3)

MONROE COUNTY PERINATAL NETWORK, INC.

Delegate of Disc	and Development	Ad-WA-dd				
Principal Place of Business Mailing Addres						
1200 KENNEDY DRIVE KEY WEST FL 33040		P.O. BOX 9107 KEY WEST FL 33041		3. Date Incorporated or Qualified		
				03/11/1987		
					4. FEI Number	Applied For
		T. B			NOT APPLICABLE	Not Applicable
	lace of Business	2a. Mailing Address			5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, etc.		26 Suito Ant # atc	Suite, Apt. #, etc.			Fee Required
22		27			6- Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeow	
23		28	28		☐ Yes ☐ No	
Zip			Coun	try	8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
J	9. Name and Address of Curren	t Registered Agent		11 Name C	10. Name and Address of New Register	ed Agent
•			"	L G F	rzelle LANGE	
ROBERTSON, DEBORAH			Ē	2 Street Addr	ess (P.O. Box Number is Not Acceptable)	d DR.
1010 KENNEDY DR STE 310			ļ _ē	3 /	551 INDIAN MOUN	
KEY WEST FL 33040			L	-5ν	ganlowf Key	33042
				14 City (' F	85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	tes, the abo	ove-named corp	oration submits this statement for the purposion's board of directors. I hereby accept the	e of changing its registered
agent la	m familiar with, and accounting object	ations of Section 617.0503, FI	orida Statu	ięs.	in the board of directors. Thereby accept the	tppoint/nort as registored
SIGNATURE .			C	フ A Z E	ILE LANGE 0	2-18-48
12.	Signature, typed or printed name of registered ap- OFFICERS ANI		E Registered /	gent signature require	ed when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DRC D	DELETE DELETE	1.1 TITL	E PE	ES .	☐ Change ☐ Addition
NAME	ROBERTSON, DEBORAH		1.2 NAM		AZELLE LANGE,	-
STREET ADDRESS	1010 KENNEDY DR, STE 310		1.3 STR	EET ADDRESS 4	9551 Indian Mound	Dr.
CITY-ST-ZIP	KEY WEST FL	,	1.4 City	-ST-ZIP 5	VenrioRF Key, FL	33042
TITLE	VO .				PRES_	Change Y Addition
NAME	GRIER, RENEE		2.2 NAM	E 32	OTT SCHULTZ	أمرية
STREET ADDRESS	25359 2ND ST.		2.3 STR	EET ADDRESS	107 N. ROOSEVEIT) L V C
CITY-ST-ZIP	SUMMERLAND KEY FL		2. 4 CIT	(-ST-ZIP K	eywest, FL 330	
TITLE	X	L.J DELETE	3.1 TITL	أحلما	REAS	Change Addition
NAME	TORRENCE, STEVE		3.2 NAM	iε m	IDGE JOLL ROB RO	7
STREET ADDRESS	1215 PETRONIA STREET				715 J. 1715 C. 17	
CITY-ST-ZIP	KEY WEST FL	DELETE			ummerland Key, 1	□ Change □ Addition
TITLE	D CODUAN ELANG	☐ DELETE	41 TITL		•	L. J. Change L. J. Addition
NAME	GORMAN, ELAINE		4. 2 NAM	1		
STREET ADDRESS	98600 OVERSEAS HWY KEY LARGO FL			EET ADDRESS		
CITY-ST-ZIP TITLE	S S	M DELETE	4.4 City 5.1 Titu	-ST-ZIP		Change Addition
NAME	BIBLE, SUSAN	E-1 OCCUL	5.1 IIIC			En priorido Pint vigoriols
STREET ADDRESS	136 DUBONNET RD.			EET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL			-ST-ZIP		
TITLE	TOTELINELLY ! C	DELETE	6.1 TITL			Change Addition

14. Thereby 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 annual report or supplemental anguar 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 12 or Block 13 if changed, or on an atta; imment with an address.

6.2 NAME 6.3 STREET ADDRESS

STREET ADDRESS

305-293-8424

FILED

Mar 03 1998 8:00am

Secretary of State