

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25926** (9)

1. Corporation Name
FLORIDA STARS FOR FLORIDA BABIES, INC.



Principal Place of Business: 15 SE 1ST AVE STE A GAINESVILLE FL 32601
Mailing Address: 15 SE 1ST AVE STE A GAINESVILLE FL 32601

3. Date Incorporated or Qualified: **04/15/1988**
3a. Date of Last Report: **03/07/1995**

2. Principal Place of Business
21 **2705 Blair Stone Lane**
Suite, Apt. #, etc.
22
City & State: **Tallahassee, FL**
23
Zip: **32301**
24
25
Country
26 **2705 Blair Stone Ln**
Suite, Apt. #, etc.
27
City & State: **Tallahassee, FL**
28
Zip: **32301**
29
30
Country

4. FEI Number: **59-2959091**
Applied For:
Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BRADY, CAROL
15 SE 1ST AVE STE A
GAINESVILLE 32601

10. Name and Address of New Registered Agent
81 Name: **LINDA Contreras**
82 Street Address (P.O. Box Number is Not Acceptable): **2705 Blair Stone Lane**
83
84 City: **Tallahassee** FL 85 Zip Code: **32301**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Linda K. Contreras* **LINDA K. Contreras** DATE: **4-10-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	THOMAS, SANDRA K.	
STREET ADDRESS	16404 AVILA BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/>
NAME	JEFFERS, DELORES F.	
STREET ADDRESS	28629 DAWNS BREAK POINT	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	NELL, CATHY M.	
STREET ADDRESS	6166 N.W. 19TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	Exec. Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	LINDA K. Contreras		
4.3 STREET ADDRESS	4087 Devlin Ct		
4.4 CITY-ST-ZIP	Tallahassee, FL 32308		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 attachment with an address.

SIGNATURE: *Linda K. Contreras* **LINDA K. Contreras** DATE: **4/10/96** DAYTIME PHONE #: **904-444-5795**

CR2E037 (12/95)