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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25926** (9)

1. Corporation Name

FLORIDA STARS FOR FLORIDA BABIES, INC.



Principal Place of Business	Mailing Address
1406 HAYS ST SUITE 6 TALLAHASSEE FL 32301 US	1406 HAYS ST SUITE 6 TALLAHASSEE FL 32301 US

3. Date Incorporated or Qualified 04/15/1988	
4. FEI Number 59-2959091	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1310 Cross Creek Circle	26 Same
Suite, Apt. #, etc. 22 Suite A	Suite, Apt. #, etc. 27
City & State 23 Tallahassee, FL	City & State 28
Zip 24 32301	Country 25 USA
	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
CONTRERAS, LINDA 1406 HAYS ST SUITE 6 TALLAHASSEE FL 32301	

10. Name and Address of New Registered Agent	
81 Name Kayce Norton	
82 Street Address (P.O. Box Number is Not Acceptable) 1310 Cross Creek Circle, Suite A	
83 City Tallahassee	
84 State 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 **Kayce Norton** EXECUTIVE DIRECTOR DATE **5/1/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	MERRIYAN, CLAIRE
STREET ADDRESS	352 RIVERSIDE DRIVE, 19T
CITY - ST - ZIP	JACKSONVILLE FL 32202
TITLE	<input type="checkbox"/> DELETE
NAME	COHN, CATHY
STREET ADDRESS	211 S. FEDERAL HIGHWAY, #15
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	CONTRERAS, LINDA K.
STREET ADDRESS	4037 DEVLIN CT
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	NORTON DAVIS, SUZANNE
STREET ADDRESS	6231 DRAKE STREET
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kayce Norton
3.3 STREET ADDRESS	1310 Cross Creek Circle, Suite A
3.4 CITY - ST - ZIP	Tallahassee, FL 32301
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 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 **Sidi Norton** DATE **6/1/98** FILE NO **487-0037**

CR2E037 (10/97)