

FILE NOW: FILING FEE IS \$61.25

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Jun 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29607** (1)

1. Corporation Name

**HEALTHY MOTHERS/HEALTHY BABIES COALITION OF BROW
ARD COUNTY, INC.**



Principal Place of Business	Mailing Address
FIRST UNION NATIONAL BANK 1710 S. ANDREWS AVE. FT. LAUDERDALE FL 33316 US	P.O. BOX 030367 FT. LAUDERDALE FL 33303 US

3. Date Incorporated or Qualified 12/05/1988	3a. Date of Last Report 04/15/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No
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9. Name and Address of Current Registered Agent	
SILVERMAN, LLOYD B. 4140 N 38 AVE HOLLYWOOD FL 33021	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	100002211851
84 City	FL
85 Zip Code	33304

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 Randee H. Lefkow (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP ☒ DELETE
NAME	LEE, CAROLYN
STREET ADDRESS	2601 E. OAKLAND PARK BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL 33306
TITLE	DP ☐ DELETE
NAME	LAMPLOUGH, KIM
STREET ADDRESS	700 SE 3 AVE STE 300
CITY-ST-ZIP	FT. LAUDERDALE FL 33316
TITLE	DVP ☒ DELETE
NAME	KNEELEY, ROBERT
STREET ADDRESS	4987 N FEDERAL HWY STE 201
CITY-ST-ZIP	FT. LAUDERDALE FL 33324
TITLE	D ☐ DELETE
NAME	GARASHI, MICHELE
STREET ADDRESS	9826 NW 2 ST.
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	ED ☐ DELETE
NAME	LEFKOW, RANDEE H.
STREET ADDRESS	4140 N. 38TH AVE.
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	Vice Pr ☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Past President D ☒ Change ☐ Addition
1.2 NAME	Lee, Carolyn
1.3 STREET ADDRESS	2601 E. Oakland Park Blvd.
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33306
2.1 TITLE	Treasurer D ☒ Change ☐ Addition
2.2 NAME	Lamplough, Kim
2.3 STREET ADDRESS	700 SE 3 Ave. Suite 300
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
3.1 TITLE	Vice President D ☐ Change ☒ Addition
3.2 NAME	Tara Straubridge
3.3 STREET ADDRESS	1518 SW 10 Ave.
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33315
4.1 TITLE	President D ☒ Change ☐ Addition
4.2 NAME	Garashi, Michele
4.3 STREET ADDRESS	9826 NW 2nd Street
4.4 CITY-ST-ZIP	Plantation, FL 33324
5.1 TITLE	Executive Director ED ☐ Change ☐ Addition
5.2 NAME	Lefkow, Randee
5.3 STREET ADDRESS	1710 S. Andrews Avenue
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
6.1 TITLE	Vice President D ☐ Change ☒ Addition
6.2 NAME	Reeve Duboff
6.3 STREET ADDRESS	733 Breakers Ave.
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304

14. I do 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.

CR2E037 (9/96)

6-10-97