2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004
Secretary of State

DOCUMENT# N29607

Entity Name: HEALTHY MOTHERS/HEALTHY BABIES COALITION OF BROWARD COUNTY, INC.

Current Principal Place of Business:

C/O FIRST UNION BANK
1100 W SR 84
FORT LAUDERDALE, FL 33315 US

New Principal Place of Business:

C/O FIRST UNION BANK
1100 W SR 84, 2ND FLOOR
FORT LAUDERDALE, FL 33315 US

Current Mailing Address:

P.O. BOX 350446
FORT LAUDERDALE, 3315 US

New Mailing Address:

P.O. BOX 350446
FORT LAUDERDALE, FL 33315 US

FEI Number: 65-0161493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MODRECK, GEORGIA
12811 S.W. 9TH PLACE
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

MODRECK, GEORGIA ED
7744 PETERS ROAD
#237
PLANTATION, FL 33324 US

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.

SIGNATURE: GEORGIA MODRECK 02/20/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: VALLADERES, ELLEN
Address: 774 VERONA LAKE DRIVE
City-St-Zip: WESTON, FL 33326

Title: PD ( ) Delete
Name: LAMPLOUGH, KIM
Address: 5101 N.W. 21 AVE., #440
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD ( ) Delete
Name: EDWARDS, ETHEL
Address: 2421 S.W. 6 AVE.
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: DP ( ) Delete
Name: MODRECK, GEORGIA
Address: 1100 W. SR 84
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: TD ( ) Delete
Name: DUBOFF, REEVE
Address: 733 BREAKERS AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGIA MODRECK DP 02/20/2004
Electronic Signature of Signing Officer or Director Date