

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29607

FILED
Apr 14, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

DUNBAR, KATHERINE ED
1100 W. STATE ROAD 84
2ND FLOOR
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DALE, SUSAN
Address: 2701 W. OAKLAND PARK BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VPD () Delete
Name: DESIR-JEAN, STEPHANIE
Address: 2701 W. OAKLAND PARK BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SD () Delete
Name: WEISSBERG, MIKE
Address: 600 SE 3RD AVE., 7TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301

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

Title: TD () Delete
Name: COSAD, ROSA
Address: 8925 COLLINS AVE., #4J
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: GRUSKIN, SANDE
Address: 3301 COLLEGE AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: SD (X) Change () Addition
Name: WEISSBERG, MIKE
Address: 2520 TROUT WAY
City-St-Zip: COOPER CITY, FL 33026

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

Title: TD (X) Change () Addition
Name: SHOR, BONNIE
Address: 500 JIM MORAN BLVD.
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KATHERINE DUNBAR

DP

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date