

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 17, 2011
Secretary of State

DOCUMENT# N29607

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:**VENTURE, RAYMOND L ED
1100 W. STATE ROAD 84
2ND FLOOR
FORT LAUDERDALE, FL 33315 US**Name and Address of New Registered Agent:**REESE, MICHELLE ED
1100 W. STATE ROAD 84
2ND FLOOR
FORT LAUDERDALE, FL 33315 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: MICHELLE REESE

08/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: JAMES-FRANCIS, MAXINE
Address: 1600 S. ANDREWS
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VPD
Name: GASSEW, ELZABETH
Address: 8201 W. BROWARD BLVD.
City-St-Zip: PLANTATION, FL 33324

Title: SD
Name: EDINGER, BARBARA
Address: 11690 NW 105 STREET
City-St-Zip: MIAMI, FL 33178

Title: DP
Name: REESE, MICHELLE
Address: 1100 W. SR 84, 2ND FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: TD
Name: GILMOUR, KIMBERLY
Address: 4179 DAVIE ROAD, #101
City-St-Zip: DAVIE, FL 33314

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE REESE

DP

08/17/2011

Electronic Signature of Signing Officer or Director

Date