2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
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:

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

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 (X)**

Name and Address of Current Registered Agent:

REESE, MICHELLE 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
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 ED 04/10/2012
Electronic Signature of Signing Officer or Director Date