

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# N05000006367

Entity Name: THE KIMBERLY BATALDEN BOURNS MEMORIAL FOUNDATION FOR MATERNAL MORTALITY RESEARCH, INC.

Current Principal Place of Business:

844 HARRISON STREET
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

844 HARRISON STREET
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 20-3516814 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'AURIA, LAURIE
844 HARRISON STREET
HOLLYWOOD, FL 33019 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: P () Delete
Name: D'AURIA, LAURIE
Address: 844 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP () Delete
Name: BATALDEN, CHRISTINE
Address: 4208 EAST DRIVE
City-St-Zip: CRYSTAL LAKE, IL 60012

Title: D () Delete
Name: BENARD, CYNTHIA
Address: 4815 DANIEL DRIVE
City-St-Zip: CRYSTAL LAKE, IL 30014

Title: D () Delete
Name: BATALDEN, LYNN
Address: 528 BUSH STREET
City-St-Zip: DEKALD, IL 60115

Title: D () Delete
Name: BOURNS, SAMUEL
Address: 135R STRAWBERRY HILL ROAD
City-St-Zip: CONCORD, MA 01742

Title: D () Delete
Name: NYSTROM, BETH
Address: 39 TIMBER HILL DR
City-St-Zip: CRYSTAL LAKE, IL 60014

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:

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 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: LAURIE D'AURIA

P

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date