

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003856

Entity Name: COALITION FOR IMPROVING MATERNITY SERVICES, INC.

Current Principal Place of Business:

620-11 PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

P.O. BOX 33590
RALEIGH, NC 27607 US

FEI Number: 59-3649578

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIES, RAE
620-11 PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL 32082 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MACIOCE-STUMPF, VICTORIA
Address 2437 SANDERS PLACE
City-State-Zip: BLOOMFIELD HILLS MI 48302

Title TREASURER
Name BROWN, VICTORIA
Address 5990 BEAMON OLD CREEK ROAD
City-State-Zip: WALSTONBURG NC 27888

Title VP
Name HOTELLING, BARBARA
Address 107 SULLY CT.
City-State-Zip: CHAPEL HILL NC 27514

Title DIRECTOR
Name PAYNE, SHERRY
Address 10002 W 91ST ST
City-State-Zip: OVERLAND PARK KS 66212

Title DIRECTOR
Name WILF, RUTH
Address 712 ARLINGTON ROAD
City-State-Zip: NARBETH PA 19072

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: VICTORIA MACIOCE-STUMPF

PRESIDENT

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date