

**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