

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006538

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC2003154916**

**Entity Name:** THE INTERNATIONAL MOTHERBABY CHILDBIRTH ORGANIZATION, INC.

**Current Principal Place of Business:**

620-11 PONTE VEDRA BLVD  
PONTE VEDRA BEACH, FL 32004

**Current Mailing Address:**

130 CORRIDOR RD #2346  
PONTE VEDRA BEACH, FL 32004

**FEI Number: 80-0409828**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DAVIES, RAE  
620-11 PONTE VEDRA BLVD  
PONTE VEDRA BEACH, FL 32004 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 C  
Name PASCALI-BONARO, DEBRA  
Address 584 ECHO GLEN AVE  
City-State-Zip: RIVER VALE NJ 07675

Title D  
Name DAVIS-FLOYD, ROBBIE  
Address 8526 ADIRONDACK T  
City-State-Zip: AUSTIN TX 78759

Title D  
Name GOMEZ, RODOLFO  
Address PAHO/WHO-SEN LOTE 19, ROOM 207  
City-State-Zip: BRASILIA-DF BRAZIL

Title D  
Name RATTNER, DAPHNE  
Address COND. ECOLOGICO VILLAGE III CASA 32  
City-State-Zip: 71680-360 BRASILIA-DF BRAZIL

Title D  
Name VADEBONCOEUR, HELENE  
Address 23 RUE DORCHESTER  
City-State-Zip: DUNHAM QCJ0E1 MO, CANADA

Title D  
Name DOWNE, SOO  
Address CRINGLE DENE, INGLEWHITE, PRESTON  
City-State-Zip: LANCASHIRE PR3 2LE ENGLAND

*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: DEBRA PASCALI-BONARO**

**PRESIDENT**

**01/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date