

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29607

Entity Name: HEALTHY MOTHERS/HEALTHY BABIES COALITION OF BROWARD COUNTY, INC.

FILED
Apr 16, 2013
Secretary of State
CC1094774170

Current Principal Place of Business:

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

Current Mailing Address:

P.O. BOX 350446
FORT LAUDERDALE, FL 33315 US

FEI Number: 65-0161493

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REESE, MICHELLE ED
1100 W. STATE ROAD 84
2ND FLOOR
FORT LAUDERDALE, FL 33315 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 PD
Name JAMES-FRANCIS, MAXINE
Address 1600 S. ANDREWS
City-State-Zip: FORT LAUDERDALE FL 33316

Title VPD
Name GASSEW, ELZABETH
Address 8201 W. BROWARD BLVD.
City-State-Zip: PLANTATION FL 33324

Title SD
Name EDINGER, BARBARA
Address 11690 NW 105 STREET
City-State-Zip: MIAMI FL 33178

Title DP
Name REESE, MICHELLE
Address 1100 W. SR 84, 2ND FLOOR
City-State-Zip: FORT LAUDERDALE FL 33315

Title TD
Name GILMOUR, KIMBERLY
Address 4179 DAVIE ROAD, #101
City-State-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

EXECUTIVE DIRECTOR

04/16/2013

Electronic Signature of Signing Officer/Director Detail

Date