

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002163

**FILED**  
**Mar 19, 2020**  
**Secretary of State**  
**6204891266CC**

**Entity Name:** MOMMIES ENDURING NEONATAL DEATH INCORPORATED

**Current Principal Place of Business:**

1019 CARTHA VALLEY CT  
IRVING, TX 75063

**Current Mailing Address:**

PO BOX 631566  
IRVING, TX 75063 US

**FEI Number:** 75-2670925

**Certificate of Status Desired:** No

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

GADDIE, JESSICA  
1200 CAMPROCK RD  
WEST PALM BEACH, FL 33417 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 D  
Name BROWN, MARILYN  
Address 3608 FURLONG WAY  
City-State-Zip: FORT WORTH TX 76244

Title P  
Name MITCHELL, REBEKAH  
Address 1019 CARTHA VALLEY CT  
City-State-Zip: IRVING TX 75063

Title VP  
Name BARSANTI, DALANA  
Address 12241 HEDGE APPLE CT  
City-State-Zip: FORT WORTH TX 76244

Title S  
Name MITCHELL, BYRON DDS  
Address 1019 CARTHA VALLEY CT  
City-State-Zip: IRVING TX 75063

Title D  
Name DILL, BRANDEE  
Address 2105 LOOKOUT TRL  
City-State-Zip: HURST TX 76054

Title D  
Name FISH, BRITTNEY  
Address 832 LARIAT DR  
City-State-Zip: SAGINAW TX 76131

Title D  
Name RUSERT, TINA  
Address 1921 MIDCREST DR  
City-State-Zip: PLANO TX 75075

Title D  
Name ZUCKERMAN, AMBER  
Address 3104 PARKLINE DR  
City-State-Zip: GRAND PRAIRIE TX 75052

**Continues on page 2**

*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:** REBEKAH MITCHELL

**PRESIDENT**

**03/19/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BATEMAN, LAURA  
Address 2205 RACHEL CT  
City-State-Zip: CARROLLTON TX 75006

Title DIRECTOR  
Name WALKER, LIZ  
Address 8121 STARNES ROAD  
City-State-Zip: N. RICHLAND HILLS TX 76182

Title DIRECTOR  
Name BOWMAN, JENAE  
Address 512 QUAIL CREST DRIVE  
City-State-Zip: COLLEYVILLE TX 76034

Title DIRECTOR  
Name DAVID, CHERYL  
Address 14150 ESTES LANE  
City-State-Zip: FRISCO TX 75053