

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000002163

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

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

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

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

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

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

Title D
Name STANLEY, CALLI
Address 1609 DOUGLAS AVE
City-State-Zip: COLLEYVILLE TX 76034

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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 NEW MITCHELL**FOUNDER / PRESIDENT****03/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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