

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751080

FILED
Jan 06, 2005
Secretary of State

Entity Name: HEALTHY MOTHERS, HEALTHY BABIES COALITION OF NORTH FLORIDA, INC.

Current Principal Place of Business:

6850 BELFORT OAKS PLACE
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6850 BELFORT OAKS PLACE
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 23-7182003 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MYRICK, SALLY
6850 BELFORT OAKS PL.
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRIGETY, REUBEN M.D.
Address: 11338 OAK LANDINGS DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: TS () Delete
Name: GOOD, BETH
Address: 268 VILLAGE GREEN AVE
City-St-Zip: FRUIT COVE, FL 32259

Title: PE () Delete
Name: EELLEN, HOLLI
Address: 12234 PREMIER CT.
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: BOYD, BOB
Address: 2600 SANDALWOOD CT.
City-St-Zip: ORANG PARK, FL 32065

Title: PE (X) Change () Addition
Name: ELLEN, HOLLI
Address: 12234 PREMIER CT.
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: REUBEN BRIGETY, M.D.

P

01/06/2005

Electronic Signature of Signing Officer or Director

Date