
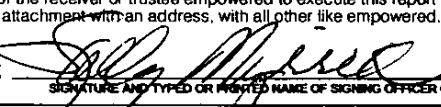


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90025 043 ****61.25

DOCUMENT # 751080 1. Entity Name HEALTHY MOTHERS, HEALTHY BABIES COALITION OF NORTH FLORIDA, INC.					
Principal Place of Business 6850 BELFORT OAKS PLACE JACKSONVILLE, FL 32216			Mailing Address 6850 BELFORT OAKS PLACE JACKSONVILLE, FL 32216		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01032006 Chg-NP CR2E037 (11/05)	
4. FEI Number 23-7182003				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYRICK, SALLY 6850 BELFORT OAKS PL. JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIGETY, REUBEN M.D.		NAME	HOLLI ELLEN	
STREET ADDRESS	11338 OAK LANDINGS DR.		STREET ADDRESS	12234 PREMIER CT.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYD, BOB		NAME		
STREET ADDRESS	2600 SANDALWOOD CT.		STREET ADDRESS		
CITY-ST-ZIP	ORANG PARK, FL 32065		CITY-ST-ZIP		
TITLE	PE	<input type="checkbox"/> Delete	TITLE	RECEIVED SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLEN, HOLLI		NAME	TALA REYNOLDS	
STREET ADDRESS	12234 PREMIER CT.		STREET ADDRESS	11721 GRAN CRIQUE CT. N.	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			1/3/06 904-279-0875		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		