

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751080

FILED
Jan 03, 2007
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 ()

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: S () Delete
Name: REYNOLDS, TALA
Address: 11721 GRAN CRIQUE CT N
City-St-Zip: JACKSONVILLE, FL 32223

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

Title: P () Delete
Name: ELLEN, 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: POYTHRESS, GAYLA
Address: 480 BAYBROOK DR.
City-St-Zip: ORANGE PARK, FL 32003

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: HOLLI ELLEN

P

01/03/2007

Electronic Signature of Signing Officer or Director

Date