

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90035 038 \*\*\*\*61.25

<b>DOCUMENT # 751080</b>					
<b>1. Entity Name</b> HEALTHY MOTHERS, HEALTHY BABIES COALITION OF NORTH FLORIDA, INC.					
<b>Principal Place of Business</b> 6850 BELFORT OAKS PLACE JACKSONVILLE, FL 32216			<b>Mailing Address</b> 6850 BELFORT OAKS PLACE JACKSONVILLE, FL 32216		
<b>2. Principal Place of Business - No P.O. Box #</b> 644 Cosey Blvd Suite, Apt. #, etc. Jacksonville, FL 3		<b>3. Mailing Address</b> 644 Cosey Blvd #320 Suite, Apt. #, etc. Jacksonville, FL			
City & State		City & State			
Zip 32211	Country USA	Zip 32211	Country USA	<b>4. FEI Number</b> 23-7182003	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MYRICK, SALLY 6850 BELFORT OAKS PL JACKSONVILLE, FL 32216			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 644 Cosey Blvd #320 City Jacksonville FL Zip Code 32211		
<b>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.</b> SIGNATURE <u>Sally Myrick</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to:</b> Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REYNOLDS, TALA 11721 GRAN CRIQUE CT N JACKSONVILLE, FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS POYTHRESS, GAYLA 480 BAYBROOK DR. ORANGE PARK, FL 32003		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLEN, HOLLI 12234 PREMIER CT. JACKSONVILLE, FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Sally Myrick</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/30/08 9048547100 <small>Daytime Phone #</small>		