

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751080

FILED
May 01, 2009
Secretary of State

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

Current Principal Place of Business:

644 CESERY BLVD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

644 CESERY BLVD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 23-7182003 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MYRICK, SALLY
644 CESERY BLVD #320
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

BOYER, VANESSA D ED
644 CESERY BLVD #320
JACKSONVILLE, FL 32211 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: VANESSA D. BOYER

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: MOLIS, JIM
Address: 600 E DEVONHURST LANE
City-St-Zip: PONTE VEDRA, FL 32081 US

Title: P (X) Change () Addition
Name: RODGERS, DORIS SGT
Address: 5642 JAMES C JOHNSON RD
City-St-Zip: JACKSONVILLE, FL 32218 US

I hereby certify that the information supplied with this filing does not qualify 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: JIM MOLIS

T

05/01/2009

Electronic Signature of Signing Officer or Director

Date