

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751080

FILED
Apr 23, 2010
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:

644 CESERY BLVD
320
JACKSONVILLE, FL 32211

Current Mailing Address:

644 CESERY BLVD
JACKSONVILLE, FL 32211

New Mailing Address:

644 CESERY BLVD
320
JACKSONVILLE, FL 32211

FEI Number: 23-7182003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYER, VANESSA D ED
644 CESERY BLVD #320
JACKSONVILLE, FL 32211 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: T
Name: MOLIS, JIM
Address: 600 E DEVONHURST LANE
City-St-Zip: PONTE VEDRA, FL 32081 US

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

Title: VP
Name: MCARTHUR, FAYE H MRS
Address: 11560 PINE OAK TRAIL
City-St-Zip: JACKSONVILLE, FL 32225

Title: S
Name: SEPE, STEPHEN J MPH
Address: 9831 DEL WEBB PARKWAY, UNIT #1405
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: VANESSA D BOYER

ED

04/23/2010

Electronic Signature of Signing Officer or Director

Date