

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90020 021 \*\*\*\*70.00

**DOCUMENT # F05000005952**

1. Entity Name  
**THE NATIONAL ASSOCIATION OF THE MOTHER AND  
DAUGHTER BONDING NETWORK, INC.**



Principal Place of Business  
**2917 BORG RD.  
WINSTON-SALEM, NC 27127**

Mailing Address  
**2021 GRIFFIN ROAD, #9  
DANIA BEACH, FL 33312**

401100000



03292007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-1875796</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SINGLETARY-FLETCHER, BESSIE  
2021 GRIFFIN RD #9  
DANIA BEACH, FL 33312**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee Is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE <i>Chairperson</i>	NAME <b>MAGRUDER, GLORIA</b>
STREET ADDRESS <b>5913 E BONNIEWOOD TURN</b>	
CITY-ST-ZIP <b>CLINTON, MD 20735</b>	
TITLE <i>Chairperson</i>	NAME <b>HUNTLEY, ANGELA</b>
STREET ADDRESS <i>Angela Huntley</i>	
CITY-ST-ZIP <b>WINSTON-SALEM, NC 27127</b>	
TITLE <i>Treasurer</i>	NAME <b>MILES, ROY</b>
STREET ADDRESS <b>907 E. 9TH ST</b>	
CITY-ST-ZIP <b>STUART, FL 34994</b>	
TITLE <b>TR</b>	NAME <b>DR. BESSIE S. FLETCHER, TRUSTEE</b>
STREET ADDRESS <b>2021 GRIFFIN RD #9</b>	
CITY-ST-ZIP <b>DANIA BEACH, FL 33312</b>	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 information.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #