

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000005952

**FILED**  
**Oct 29, 2008**  
**Secretary of State**

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

**Current Principal Place of Business:**

2917 BORG RD.  
WINSTON-SALEM, NC 27127

**New Principal Place of Business:**

**Current Mailing Address:**

2021 GRIFFIN ROAD, #9  
DANIA BEACH, FL 33312

**New Mailing Address:**

**FEI Number:** 56-1875796      **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:**

SINGLETERY-FLETCHER, BESSIE  
2021 GRIFFIN RD #9  
DANIA BEACH, FL 33312      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: DR. BESSIE S. FLETCHER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: R ( ) Delete  
Name: MAGRUDER, GLORIA  
Address: 5913 E BONNIEWOOD TURN  
City-St-Zip: CLINTON, MD 20735

Title: C ( ) Delete  
Name: HUNTLEY, ANGELA  
Address: 2917 BORG RD  
City-St-Zip: WINSTON-SALEM, NC 27127

Title: TREA ( ) Delete  
Name: MILES, ROY  
Address: 907 E. 9TH ST  
City-St-Zip: STUART, FL 34994

Title: TR ( ) Delete  
Name: DR. BESSIE S. FLETCH, ER, TRUSTEE  
Address: 2021 GRIFFIN RD #9  
City-St-Zip: DANIA BEACH, FL 33312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: DR. BESSIE S. FLETCHER

CEO

10/29/2008

Electronic Signature of Signing Officer or Director

Date