2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003856

1. Entity Name COALITION FOR IMPROVING MATERNITY SERVICES, INC.



FILED Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90099 046 ****61.25

620-11 PONTE VEDRA BLVD PO BO			Mailing / PO BOX PONTE		FL 32004		0075872		::INE : 818	 	
Principal Place of Business - No P.O. Box # 3. Mailing Address 1500 Sunday					Deixio						
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 101				, Apt. #, etc.	Dilve	04012008	Chg-NP	CR2E0	37 (12/06)		
City & State			City 8	State .	JC	4. FEI Numb			 	plied For t Applicable	
Zip Country			Zip 27hi	-0-7	Country U.S.A.		e of Status Desired		\$8.75 Addi	itional	
6. Name and Address of Current I					0.3.7.	7. Name and Address of New Registered Agent					
6. Name and Address of Current Registered Agent						Name					
DAVIES, RAE 620-11 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082					Street A	Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code	•	
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											
		printed name of registered age	ent and title 4 applica	ible. (NOT	E: Registered Agent signa	ture required when reinstating)		DATE			
Filing Fee is \$61:25 9. Election Campa Due, by May 1, 2008 Trust Fund Cont						\$5.00 May Added to Fee	DG		k payable to		
10. OFFICERS AND DIRECTORS					11.	ADDITIONS/CI	HANGES TO OFFICE	ERS AND D	IRECTORS:IN	10 1715-12	
TITLE	TO* J.F	1-		☐ Delete	TITLE				☐ Change	Addition	
NAME '%	HERRICK,	LINDA			NAME				_ •	_	
STREET ADDRESS	3553 OREC	ON ROAD			STREET ADDRESS						
CITY-SI-ZIP	OTTAWA, F	S 66067			CITY-ST-ZIP						
TITLE	VD			Delete	THE	PD			Change	☐ Addition	
NAME	LESLIE, MAYRI S				NAME	LESLIE, MAY 6169 WINDA	RIS.				
STREET ADDRESS	SS: 6169 WINDAM HILL RUN ALEXANDRIA, VA 22315				STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP	-	(IA, VA 22315				ALEXANDRI	A, VA 2231	2	[7] Observe	N AND AND AND AND AND AND AND AND AND AN	
TIFLE NAME	D WOOLLEY.	DEB		Delete Delete	TITLE NAME	D IRENE JILLS	5012		Change	Addition	
STREET ADDRESS		COURT #2424			STREET ADDRESS	4700 UPTON					
CITY-ST-ZIP		D, CA 92129			CITY-ST-ZIP	WASHINGTO		016			
TITLE	D			☐ Delete	TITLE		, , , ,		☐ Change	Addition	
NAME	HOTELLING	G, BARBARA			NAME						
STREET ADDRESS	2112 BRET	TON DRIVE \$			STREET ADDRESS						
CITY-\$1-ZIP	ROCHESTE	ER, MI 48309			CITY-ST-ZIP						
TITLE	VD			☐ Delete	TITLE				Change	Addition	
NAME	KENDELL,				NAME						
STREET ADDRESS	8540.LINCO		9070	_	STREET ADDRESS CITY-ST-ZIP				r		
CITY-ST-ZIP	HUNTING	ON WOODS, MI 4		<u>:-</u>			 		<u> </u>	, ,- 11-	
/ 3-3			1 11 11								
IIILE	SD		1217532	Delete					Change.	Addition	
NAME	STORTON,	, SHARON	12.1632	Delete	NAME .	-C 6			eda ilo Ot	<u>.</u> .	
	STORTON,									<u>.</u> .	

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 it 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.

SIGNATURE

MICHELLE KENDELL

4.8.08 2483982095



1500 SUNDAY DRIVE, SUITE 102 RALEIGH, NC 27607 TELEPHONE: 888.282.CIMS (2467) FAX: 904.285.2120 MOTHERFRIENDLY.ORG

ATTACHMENT 40075870

MAKING MOTHER-FRIENDLY CARE A REALITY

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Entity Name: Coalition for Improving Maternity Services

Additional Officers/Directors:

D Nicette Jukelevics 30526 Rhone Drive Rancho Palos Verdes, CA 90275

D Mairi Breen Rothman 7301 Garland Avenue Takoma Park, MD 20912

D Ruth T. Wilf 712 Arlington Road Narbeth, PA 19072