

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90188 028 ****61.25

DOCUMENT # N00000007828

1. Entity Name

MOM'S HOUSE, INC. OF SHALIMAR



Principal Place of Business

**ONE MEIGS DRIVE
SHALIMAR FL 32579**

Mailing Address

**ONE MEIGS DRIVE
SHALIMAR FL 32579**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3684709**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KERSTEIN, DEBBIE
595 FAIRWAY COURT
FORT WALTON BEACH FL 32547**

Name

Liz Garlington

Street Address (P.O. Box Number is Not Acceptable)

38 Southwind Court

City

Niceville

FL

Zip Code

32578

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

Liz Garlington

Director

4/25/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State.**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **KERSTEIN, DEBBIE MS.**
STREET ADDRESS **595 FAIRWAY COURT**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **D** ☒ Change ☐ Addition
NAME **Liz Garlington**
STREET ADDRESS **38 Southwind Court**
CITY-ST-ZIP **Niceville, FL 32578**

TITLE **D** ☐ Delete
NAME **MR. D. MICHAEL CRESSER**
STREET ADDRESS **122 BAYOU DRIVE**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Trustee** ☐ Delete
NAME **PINK, PHIL**
STREET ADDRESS **101 DUKE DRIVE**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **Kelly Murphy - Redd**
STREET ADDRESS **187 Wright Circle**
CITY-ST-ZIP **Niceville, FL 32578**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **Flo Hoffman**
STREET ADDRESS **751 Olivia Court**
CITY-ST-ZIP **Ft. Walton Beach, FL 32547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **Jandy Redenbacher**
STREET ADDRESS **253 Yacht Club Drive**
CITY-ST-ZIP **Niceville, FL 32578**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

Kelly Murphy - Redd

4/25/03

850-678-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)