

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007365

FILED
Jan 22, 2009
Secretary of State

Entity Name: BIRTH NETWORK OF FLORIDA, INC.

Current Principal Place of Business:

1003 OAK LANE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1003 OAK LANE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 65-1158357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANA, LAURA
1003 OAK LANE
APOPKA, FL 32703 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: P () Delete
Name: KOERNER, CYNTHIA A
Address: 1304 VIBURNUM LANE
City-St-Zip: WINTER PARK, FL 32792 US

Title: S () Delete
Name: ISLA, MICHELLE
Address: 2751 TALLY HO AVENUE
City-St-Zip: ORLANDO, FL 32826 US

Title: T () Delete
Name: WILHELM, JUDITH S
Address: 6902 OAK GLEN COURT
City-St-Zip: SANFORD, FL 32771 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: GULDI, PAMELA
Address: 1548 SUGARWOOD CIRCLE
City-St-Zip: WINTER PARK, FL 32792 US

Title: T (X) Change () Addition
Name: CHEVES-JOHNSON, SANDRA
Address: 2519 WOODS EDGE CIRCLE
City-St-Zip: ORLANDO, FL 32817 US

Title: VP () Change (X) Addition
Name: MCCARTHY, MAGGIE
Address: 1082 BLACK ACRE TERRACE
City-St-Zip: WINTER SPRINGS, FL 32708 US

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: SANDRA CHEVES-JOHNSON

T

01/22/2009

Electronic Signature of Signing Officer or Director

Date