

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006314

Entity Name: MOMS HELP ORGANIZATION, INC.

FILED
Aug 25, 2004
Secretary of State

Current Principal Place of Business:

2301 W. SAMPLE ROAD
BLDG #5, STE #1-C
POMPAN0 BEACH, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

2301 W. SAMPLE ROAD
BLDG #5, STE #1-C
POMPAN0 BEACH, FL 33073 US

New Mailing Address:

FEI Number: 26-0067449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ETHRIDGE, STACEY F
4848 NW 20TH PL
COCONUT CREEK, FL 33063 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: ETHRIDGE, STACEY F
Address: 4848 NW 20TH PL
City-St-Zip: COCONUT CREEK, FL 33063

Title: VP () Delete
Name: ETHRIDGE, GREGORY L
Address: 4848 NW 20TH PL
City-St-Zip: COCONUT CREEK, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: STACEY ETHRIDGE

P

08/25/2004

Electronic Signature of Signing Officer or Director

Date