

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007056

FILED
Jul 18, 2007
Secretary of State

Entity Name: MOTHERS AGAINST MURDERERS ASSOCIATION, INC.

Current Principal Place of Business:

1221 W 23RD ST
RIVIERA BCH, FL 33404

New Principal Place of Business:

Current Mailing Address:

1221 W 23RD ST
RIVIERA BCH, FL 33404

New Mailing Address:

FEI Number: 13-4257073 **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:

TIPTON, TOMMY
931 VILLAGE BLVD 905
W PALM BCH, FL 33409 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: WILLIAMS, ANGELA
Address: 1221 W 23RD ST
City-St-Zip: RIVIERA BCH, FL 33404

Title: V () Delete
Name: WILLIAMS, ARTIE
Address: 1221 W 23RD ST
City-St-Zip: RIVIERA BCH, FL 33404

Title: T () Delete
Name: WILLIAMS, JIMMIE
Address: 1221 W 23RD ST
City-St-Zip: RIVIERA BCH, FL 33404

Title: S () Delete
Name: DIXON, GEORGIE
Address: 2527 S CANTBURY DR
City-St-Zip: W PALM BCH, FL 33407

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: GEORGIE DIXON

S

07/18/2007

Electronic Signature of Signing Officer or Director

Date