2005 NOT-FOR-PROFIT CORPORATION, Stebastic MAY 0.3 2005 ANNUAL REPORT (AR)

DOCU 1. Entity Nam	MENT # N040000030		FILE	D				
MOTHERS ON THE MOVE, INC.				05 APR 29	AM 8: 39			
Principal Place of Business		Mailing Address		SECKLIAN	4 STATE			
3621 ESTATE ROAD TALLAHASSEE FL 32305		3621 ESTATÉ ROAD TALLAHASSÉE FL 32305		TALLAHASSEE	., FLURIDA	isi garia arri efesti di	(BB)	
TALLATIAGE		TALLATAGEL FE GEGG	•					
Principal Place of Business 3. Mailing Addres					EDIII 11811 EBIH 63111 EBIH 68111 BELISU	TITI BOTTO OTEN DIBITE UT	itti	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0005	(40(04)		
City & Ctata		City & State			1st MOORE			
City & State		City & State		4. FEI Number		Not App		
Žip	Country	Zip	Country	5. Certificate of St		8.75 Additiona ee Required	al	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Add	ress of New Registered A	gent		
PAUL, NATALIE				Street Address (P.O. Box Number is Not Acceptable)				
362	1 ESTATE ROAD LAHASSEE FL 32305	Street Address		ss (F.O. DOX Number is i	Not Acceptable)			
I AL	ENTAGGEET E GEGGG		City			Zip Code		
D. The above	named autit lamite this statement fo	the number of phonoing its se		stored egent or both in	FL		nocont.	
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								
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE DATE								
FILE NOW: FEE IS \$61.25 9. Election Campaign Fin Trust Fund Contribution Trust Fund Contribution				\$5.00 May Be Added to Fees	Make Check Florida Depart		9	
10.	OFFICERS AND DI		11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIF	****	Addition	
TITLE NAME	PAUL, NATALIE	☐ Delete	TITLE NAME	300	05423360	ja	Addition	
STREET ADDRESS CITY-ST-ZIP	3621 ESTATE ROAD TALLAHASSEE FL 32305	STREET ADDRESS CITY-ST-ZIP	05/10/05	01094010	**62.00			
THLE	D	☐ Delete	TITLE			☐ Change ☐	Addition	
MAME STREET ADDRESS	WILSON, TIFFANY 3621 ESTATE ROAD	. NAME : STREET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL 32305		City-st-zip					
TITLE NAME	D WIGGINS-MCGRIFF, TONJII D	Oelete .	TITLE NAME ~		-	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	3621 ESTATE ROAD TALLAHASSEE FL 32305		STREET ADDRESS CITY-ST-ZIP					
TITLE	THEBIT BOOKE 12 SEGGS	☐ Delete	TITLE			☐ Change ☐	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME	i	☐ Delete	TITLE NAME			☐ Change ☐	Addition	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
CITY-SI-ZIP			THILE		~ `	☐ Change ☐	Addition	
NAME ether annhese			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
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: NOtaliel taul Notalie Haul 429/05								
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OF	R DIRECTOR		Date D	aytime Phone #	_	