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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05530** (3)

1. Corporation Name

THE MOTHERS' CONNECTION, INC.

Principal Place of Business

Mailing Address

2726 BURNS RD
PALM BCH GARDENS FL 33410
US

P O BOX 32305
PALM BCH GARDENS FL 33420-2305
US

3. Date Incorporated or Qualified
10/08/1984

3a. Date of Last Report
02/15/1996

2. Principal Place of Business

2a. Mailing Address

21 **4075 HOLLY DRIVE**

26

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Palm Beach Gardens, FL**

28

Zip

Country

Zip

Country

24 **33410**

25

USA

29

30

4. FEI Number
59-2574494

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HONIG, KATHLEEN
9525 PATRICIA LANE
JUPITER FL 33478

81 Name **ANNE E. RILLY, Ph.D.**

82 Street Address (P.O. Box Number is Not Acceptable)
18631 MISTY LAKE DRIVE

83

84 City **Jupiter**

FL

85 Zip Code
33458

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Anne E. Riley

4-25, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **HONIG, KATHLEEN**
STREET ADDRESS **9525 PATRICIA LANE**
CITY-ST-ZIP **JUPITER FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **ANNE E. RILLY, Ph.D.**
1.3 STREET ADDRESS **18631 MISTY LAKE DRIVE**
1.4 CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **VD** ☐ DELETE
NAME **CAMPISI, LYNDIA B**
STREET ADDRESS **3932 DAPHNE AVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **NEELEY, DENISE**
STREET ADDRESS **610 6TH CT**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **CLAUDE WATSON**
3.3 STREET ADDRESS **1083 ELENA OAKS CIRCE, East**
3.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **S** ☒ DELETE
NAME **GODSEY, JOANN**
STREET ADDRESS **9250 CYPRESS HOLLOW DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

4.1 TITLE **S** ☒ Change ☐ Addition
4.2 NAME **Beth Zanolelli**
4.3 STREET ADDRESS **1014 Woodfield Circle**
4.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anne E. Riley* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-1997

Date

Daytime Phone # 0041801

CR2E037 (9/96)