

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N05530** (3)

1. Corporation Name

THE MOTHERS' CONNECTION, INC.

Principal Place of Business

Mailing Address

**4075 HOLLY DR
PALM BCH GARDENS FL 33410
US**

**P O BOX 32305
PALM BCH GARDENS FL 33420
US**



2. Principal Place of Business	2a. Mailing Address
21 4625 North Military Trail	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Palm Beach Gardens, FL	28
Zip	Zip
24 33410	29
Country	Country
25 USA	30

3. Date Incorporated or Qualified

10/08/1984

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REILLY, ANNE E P
18631 MISTY LAKE DR
JUPITER FL 33458**

81 Name **Heather Lockett**

82 Street Address (P.O. Box Number is Not Acceptable)
2300 B VISION DRIVE

83

84 City **Palm Beach Gardens FL** 85 Zip Code **33418**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REILLY, ANNE E PH.D	
STREET ADDRESS	18631 MISTY LAKE DR	
CITY-ST-ZIP	JUPITER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CAMPISI, LYNDA B	
STREET ADDRESS	8932 DAPHNE AVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WATSON, CLAUDETTE	
STREET ADDRESS	1083 SIENA OAKS CIRCLE EAST	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ZANOTELLI, BETH	
STREET ADDRESS	1014 WOODFIELD CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Heather Lockett	
1.3 STREET ADDRESS	2300 B VISION DRIVE	
1.4 CITY-ST-ZIP	Palm Beach Gardens FL 33418	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ANNE E. REILLY, Ph.D.	
4.3 STREET ADDRESS	18631 Misty Lake Drive	
4.4 CITY-ST-ZIP	JUPITER, FL 33458	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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.

CR2E037 (1097)