2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 01, 2004 8:00 am Secretary of State DOCUMENT # N05530 1. Entity Name 04-01-2004 90010 011 ****61.25 THE MOTHERS' CONNECTION, INC. Principal Place of Business Mailing Address 13301 ELLISON WILSON RD P O BOX 32305 TAMAMAR NORTH PALM BEACH FL 33408 PALM BCH GARDENS FL 33420 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Forduce TOMASELLI, JEANNIE 11156 WINDING PEARL WAY Box Number is Not Acceptab WELLINTON FL 33414 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. the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD Addition TITLE TITLE ☐ Change Delete BALK, KATE NAME NAME 7196 SE MAGELLAN LN. STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY-ST-ZIP CITY-ST-ZIP CPD ☐ Change Delete TITLE Addition TITLE OJEDA, MONICA NAME NAME 6377 BARBARA STREET STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIE ח TITLE TITLE ☐ Change Addition Z Delete TOMASELLI, JEANNINE NAME NAME 11156 WINDING PEARL WAY STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33414 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME 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

FILED