


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90017 005 \*\*\*\*70.00

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # N05530</b><br>1. Entity Name<br><b>THE MOTHERS' CONNECTION, INC.</b>   |   |  |   |                                  |  |
| Principal Place of Business<br><b>P O BOX 32305</b><br><b>PALM BCH GARDENS, FL 33420 US</b>  |   |  | Mailing Address<br><b>P O BOX 32305</b><br><b>PALM BCH GARDENS, FL 33420 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   |  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |   |  | Suite, Apt. #, etc.   |   |  |
| City & State   |   |  | City & State  |   |  |
| Zip  |   | Country  |   | Zip   |  |
| Country  |   | Country  |   | 4. FEI Number<br><b>NOT APPLICABLE</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BIEBER, CHRISTINA</b><br><b>2395 SNUG HARBOR DRIVE</b><br><b>PALM BCH GARDENS, FL 33410</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |   |  |   | FL Zip Code   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____  |   |  |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| Make check payable to Florida Department of State  |   |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TR<br>BIEBER, CHRISTINA<br>2395 SNUG HARBOR DRIVE<br>PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete                              |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MC<br>ANDREWS, KATIE<br>16669 131ST WAY N<br>JUPITER, FL 33478 <input checked="" type="checkbox"/> Delete   |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |   |   |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | President<br>Stacey Croust<br>3101 Waddell Ave.<br>West Palm Beach, FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | President<br>Jody Brinkmeier<br>7196 Seagate Ln.<br>Stuart, FL 34997 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |   |  |   |   |  |
| <b>SIGNATURE:</b> <u>Stacey Croust</u> <b>Stacey Croust</b> <b>2/13/08</b> <b>561-712-0506</b>   |   |  |   |   |  |