2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N06000009002

Entity Name: MOTHER CARE NETWORK, INC.

Current Principal Place of Business:

919 HARDIN ST.
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 737
CHATTAHOOCHEE, FL 32324

New Mailing Address:

919 HARDIN ST.
QUINCY, FL 32351

FEI Number: 20-5916558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BATTLE, ARRIE M
919 HARDIN ST.
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

BATTLE-JONES, FELECIA A
919 HARDIN ST.
QUINCY, FL 32351 US

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.

SIGNATURE: FELECIA BATTLE-JONES 04/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: MCLEROY, MARY
Address: 82 FRANK JACKSON RD.
City-St-Zip: QUINCY, FL 32351

Title: TD ( ) Delete
Name: WILLIAMS, ANN
Address: 629 ZOIN ST.
City-St-Zip: CHATTAHOOCHEE, FL

Title: SD ( ) Delete
Name: BROWN, STEPHANIE
Address: P.O. BOX 737
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: D ( ) Delete
Name: BATTLE, ARRIE
Address: 919 HARDIN ST.
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: BATTLE, ARRIE M
Address: 919 HARDIN ST.
City-St-Zip: QUINCY, FL 32351

Title: A.D. (X) Change ( ) Addition
Name: MCLEROY, MARY A
Address: 82 FRANK JACKSON RD
City-St-Zip: QUINCY, FL 32351

Title: SEC (X) Change ( ) Addition
Name: GUNN, EMMA
Address: 2021 FLAGLER ST
City-St-Zip: QUINCY, FL 32351

Title: TREA (X) Change ( ) Addition
Name: BARNES, IDELLA
Address: 9930 OLD FEDERAL RD
City-St-Zip: QUINCY, FL 32351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARRIE M. BATTLE DIR 04/13/2009
Electronic Signature of Signing Officer or Director Date