

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011061

FILED
Apr 16, 2007
Secretary of State

Entity Name: INTENTIONAL MOTHERHOOD, INC.

Current Principal Place of Business:

1191 NORTH FEDERAL HWY, STE 120
DELRAY BEACH, FL 33483

New Principal Place of Business:

1191 NORTH FEDERAL HWY, STE 109
DELRAY BEACH, FL 33483

Current Mailing Address:

1191 NORTH FEDERAL HWY, STE 120
DELRAY BEACH, FL 33483

New Mailing Address:

1191 NORTH FEDERAL HWY, STE 109
DELRAY BEACH, FL 33483

FEI Number: 20-5665653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKEM, CATHERINE
1191 NORTH FEDERAL HWY, STE 120
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

FISHER, LYNN
3697 CORAL TREE CIR
COCONUT CREEK, FL 33073 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: LYNN FISHER

04/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FISHER, LYNN
Address: 3697 CORAL TREE CIR
City-St-Zip: COCONUT CREEK, FL 33073

Title: S () Delete
Name: SEDLACEK, CYNTHIA
Address: 2641 NW 48TH ST
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: NELSON, DARLENE
Address: 1022 DEL BARBOUR DR
City-St-Zip: DELRAY BEACH, FL 33483

Title: T () Delete
Name: CHAPLIN, BONNIE
Address: 1700 S OCEAN BLVD 4-B
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

Title: D (X) Delete
Name: HICKEM, CATHERINE
Address: 2201 N SWINTON AVE
City-St-Zip: DELRAY BCH, FL 33344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CHAPLIN, BONNIE
Address: 1700 S OCEAN BLVD 4-B
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

Title: D (X) Change () Addition
Name: HICKEM, CATHERINE
Address: 2201 N SWINTON AVE
City-St-Zip: DELRAY BCH, FL 33344

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNN FISHER

P

04/16/2007

Electronic Signature of Signing Officer or Director

Date