

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011061

FILED
Apr 14, 2008
Secretary of State

Entity Name: INTENTIONAL MOTHERHOOD, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-5665653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: BOULRIS, AMY
Address: 15060 SW 71ST COURT
City-St-Zip: PALMETTO BAY, FL 33158

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

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

Title: D () Change (X) Addition
Name: CUCCI, LINDA
Address: 3740 NE 26TH AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D () Change (X) Addition
Name: MARTINEZ, PAULA
Address: 1801 N FLAGLER DRIVE APT 935
City-St-Zip: WEST PALM BEACH, FL 33407

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: LYNN FISHER

P

04/14/2008

Electronic Signature of Signing Officer or Director

Date