

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001730

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: FLORIDA FRIENDS OF MIDWIVES, INC.

## Current Principal Place of Business:

5205 NE 3RD COURT  
2  
MIAMI, FL 33137

## New Principal Place of Business:

## Current Mailing Address:

5205 NE 3RD COURT  
APT 2  
MIAMI, FL 33137

## New Mailing Address:

P.O. BOX 370932  
MIAMI, FL 33137

FEI Number: 32-0235512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CALLAHAN, NATHANIEL D  
WHITE & CASE LLP 200 SOUTH BISCAYNE BLVD  
SUITE 4900  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

CALLAHAN, NATHANIEL D  
5205 NE 3RD COURT  
APT. 2  
MIAMI, FL 33137 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: NATHANIEL CALLAHAN

04/15/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TAITT, TAMARA M  
Address: 5205 NE 3RD COURT APT 2  
City-St-Zip: MIAMI, FL 33137 US

Title: VP ( ) Delete  
Name: MITCHELL, SHANNON  
Address: 8415 HAWBUCK STREET  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: TR (X) Delete  
Name: DYE, MIRINE  
Address: 134 HARBOR DRIVE  
City-St-Zip: TAVERNIER, FL 33070 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: TAMARA TAITT

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date