

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007947

FILED
Jan 16, 2009
Secretary of State

Entity Name: FLORIDA COUNCIL OF NURSE-MIDWIVES, INC.

Current Principal Place of Business:

8142 QUAIL HOLLOW BLVD.
WESLEY CHAPEL, FL 335442021

New Principal Place of Business:

Current Mailing Address:

8142 QUAIL HOLLOW BLVD.
WESLEY CHAPEL, FL 335442021

New Mailing Address:

FEI Number: 26-3185213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JEVITT, CECILIA M.
8142 QUAIL HOLLOW BLVD.
WESLEY CHAPEL, FL 335442021 US

Name and Address of New Registered Agent:

JEVITT, CECILIA M.
8142 QUAIL HOLLOW BLVD.
WESLEY CHAPEL, FL 335442021 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: CECILIA M. JEVITT 01/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLACK, RENEE
Address: 1555 MATTHEW DR
City-St-Zip: FT. MYERS, FL 33907

Title: D () Delete
Name: LENAS, ANITA
Address: 1326 SR 100
City-St-Zip: GRANDIN, FL 32138

Title: D () Delete
Name: FAIR, KATHY
Address: 5955 NW 72 CT.
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: WATKINS, TERRIE
Address: 207 PARK PLACE
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: WILLIAMS DEPART, RACHEL
Address: 1148 CIRCLE DR.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: WHITTINGHAM, ZERICA
Address: 401 CORBETT ST.
City-St-Zip: CLEARWATER, FL 33756

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:

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: CECILIA M. JEVITT DR. 01/16/2009

Electronic Signature of Signing Officer or Director Date