


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N13175</b>	
1. Entity Name <b>HEALTHY MOTHERS/HEALTHY BABIES COALITION OF PALM BEACH COUNTY, INC.</b>	

Principal Place of Business <b>500 GULFSTREAM BLVD SUITE #201 BOYNTON BEACH, FL 33483 US</b>	Mailing Address <b>500 GULFSTREAM BLVD SUITE #201 DELRAY BEACH, FL 33483 US</b>
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01172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2657051</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>COHN, CATHY 500 GULFSTREAM BLVD SUITE #201 DELRAY BEACH, FL 33483</b>	
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISHBANE, MARSHA 826 EVERNIA STREET WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHESTER, DON W 148 BLOOMFIELD DR. WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP EVELYN, SCOTT 110 PONCE DE LEON STREET ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICOLETTI, PETER 300 MARLBOROUGH RD. WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO COHN, CATHY 211 S. FEDERAL HWY STE 15 BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATULLO, JEANNE 1705 NORTH J TERR LAKE WORTH, FL 33460

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IN THIS SPACE**

U00000801596  
02/01/08-80024-016 61.25

12. I hereby certify that the information supplied with this filing does not violate Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 632, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

**SIGNATURE:** \_\_\_\_\_ **Signature and Typed or Printed Name of Signing Officer or Director**

**DATE:** 1/18/07 **Daytime Phone #** \_\_\_\_\_