FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1997

Sandra B. Mortham

FILED
97 OCT -9 PM 12: 3[illegible]
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[redacted]

DOCUMENT # N25926 (9)

FLORIDA STARS FOR FLORIDA BABIES, INC.

Principal Place of Business	Mailing Address
~~2705 BLAIR STONE LANE~~ 1406 Hays St Ste. 6 TALLAHASSEE FL 32301 US	~~2705 BLAIRSTONE LANE~~ 1406 Hay St. Ste 6 TALLAHASSEE FL 32301-6074 US

2. Principal Place of Business 21 1406 Hays St. Suite, Apt #, etc 22 Suite 6 City & State 23 Tallahassee, FL Zip 24 32301 Country 25	2a. Mailing Address 26 1406 Hays St Suite, Apt #, etc 27 Suite 6 City & State 28 Tallahassee, F Zip 29 32301 Country 30

3. Date Incorporated or Qualified: 01-18-89
3a. Date of Last Report: 04/17/1996
4. FEI Number: 59-2959091 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CONTRERAS, LINDA
2705 BLAIRSTONE LANE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Contreras, LINDA
82 Street Address (P.O. Box Number is Not Acceptable): 1406 Hays St
83 Suite 6
84 City: Tallahassee FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☑ DELETE	1.1 TITLE	T ☑ Change ☐ Addition
NAME	THOMAS, SANDRA K.		1.2 NAME	Claire Merrigan
STREET ADDRESS	16404 AVILA BLVD.		1.3 STREET ADDRESS	352 Riverside Dr., 19T
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	STD	☑ DELETE	2.1 TITLE	~~P~~ D ☑ Change ☐ Addition
NAME	JEFFERS, DELORES F.		2.2 NAME	Cohn, Cathy
STREET ADDRESS	28629 DAWNS BREAK POINT		2.3 STREET ADDRESS	211 S. Federal Hwy., #15
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Boynton Beach, FL
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition 700002319567--1 -10/14/97--01021--002 *****61.25 *****61.25
NAME	CONTRERAS, LINDA K.		3.2 NAME	
STREET ADDRESS	4037 DEVLIN CT		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	~~VP~~ D ☐ Change ☑ Addition
NAME			4.2 NAME	Suzanne Norton Davis
STREET ADDRESS			4.3 STREET ADDRESS	6231 Drake St.
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [signature] Linda K. Contreras 4/30/97 904-414-5745

CR2E037 (9/96)