

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90020 019 ****61.25

DOCUMENT # N25926

1. Corporation Name

FLORIDA STARS FOR FLORIDA BABIES, INC.

Principal Place of Business

1310 CROSS CREEK CIR #A
TALLAHASSEE FL 32301
US

Mailing Address

1310 CROSS CREEK CIR #A
TALLAHASSEE FL 32301
US

92461 90020 19



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

25 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/15/1988

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

9. Name and Address of Current Registered Agent

KAYCE NORTON
1310 CROSS CREEK CIR #A
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

KAYCE MORTON

82 Street Address (P.O. Box Number is Not Acceptable)

Rest is correct

84 City

FL

85 Zip Code

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

Kayce Norton

KAYCE MORTON

1/8/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE T ☒ DELETE
NAME MERRIYAN, CLAIRE
STREET ADDRESS 352 RIVERSIDE DRIVE, 197
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE PD ☐ DELETE
NAME COHN, CATHY
STREET ADDRESS 211 S. FEDERAL HIGHWAY, #15
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D ☐ DELETE
NAME KAYCE MORTON
STREET ADDRESS 1310 CROSS CREEK CIR #A
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☐ DELETE
NAME NORTON DAVIS, SUZANNE
STREET ADDRESS 6231 DRAKE STREET
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☐ Change ☒ Addition
1.2 NAME POWERS, KATIE
1.3 STREET ADDRESS 108 - 25TH STREET, WEST
1.4 CITY-ST-ZIP BRADENTON, FL 34205

2.1 TITLE T ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP BOYNTON BEACH, FL 33435

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

I 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, with all other like empowered.

SIGNATURE:

Kayce Norton

1-8-99

Date

850/
487-9996

Daytime Phone #

CR2E037 (11/98)