

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$166 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morinham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N26902 (9)**  
 1. Corporation Name

**MATERNAL CHILD HEALTH COALITION, INC.**

**FILED**  
 95 JUL 14 AM 11:18  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address  
 1916 N. 14TH ST., F-202 1916 N. 14TH ST., F-202  
 TAMPA FL 33605-0663 TAMPA FL 33605-0663

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/10/1988</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>59-2908156</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FLILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>3825 Henderson Blvd, 602</b> Suite, Apt. #, etc.	2a. Mailing Address 25 Suite, Apt. #, etc.
22 City & State 23 <b>Tampa FL</b>	27 City & State
24 Zip <b>33629</b>	25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**GULITZ ELIZABETH**  
**9212 PEBBLE CREEK DR**  
**TAMPA FL 33647**

10. Name and Address of New Registered Agent  
 81 Name  
**Colleen Cuervo Henderson, Executive Director**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3825 Henderson Blvd, 602**  
 83  
 84 City  
**Tampa** FL 85 Zip Code  
**33629**

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 *Colleen Cuervo Henderson* DATE **6-26-95**  
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD NIXON, DEBRA 3013 HARBORVIEW TAMPA FL</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<b>TD DAVIS, GRACE 17 DAVIS BLVD 2ND FLOOR TAMPA FL 33606</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD JOHNSON, JAMIE 910 RALKELL RD TAMPA FL</b>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD GULITZ, ELIZABETH 9212 PEBBLE CREEK DR TAMPA FL</b>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<b>PD LILLY, CAROL MD 1 DAVIS BLVD SUITE 210 TAMPA FL 33606</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD WILLIAMS, OLGA 4413 COBIA DR TAMPA FL</b>	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<b>VD KEEL, JIMMIE PO BOX 1110 TAMPA FL 33601</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<b>EXECUTIVE DIRECTOR CUERVO HENDERSON, COLLEEN 3825 HENDERSON BLVD SUITE 602 TAMPA FL 33629</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Colleen Cuervo Henderson* DATE: **6-26-95** (813) 287-9335  
Signature and typed or printed name of signing officer or director. (Date)

CR2E037 (3/95)