

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

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NONPROFIT CORPORATION ANNUAL REPORT 1998
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

98 JUN 10 AM 9:06

DOCUMENT # **N26902** **W98-12379**
 1. Corporation Name
Maternal Child Health Coalition, Inc.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

600002560806--2
 -06/16/98--01064--005
 ****183.75 ****183.75

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified
 1988
 4. FEI Number
59-2908156 Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 **3825 Henderson Blvd** 26
 Suite, Apt #, etc Suite, Apt #, etc
 22 **Suite 602** 27
 City & State City & State
 23 **Tampa, Florida** 28
 Zip Country Zip Country
 24 **33629** 25 **HILLSBOROUGH** 29

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Is this nonprofit corporation a homeowners association?
 Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
 81 Name
Colleen Cuervo Henderson
 82 Street Address (P.O. Box Number is Not Acceptable)
4308 Woodmere Road
 83
 84 City
Tampa FL 85 Zip Code
33609

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 _____ Signature: Type or printed name of registered agent and, if not applicable, (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Colleen Cuervo Henderson
1.3 STREET ADDRESS	4308 Woodmere Road
1.4 CITY - ST - ZIP	Tampa, Florida 33609
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/P Dr. Carol Lilly
2.3 STREET ADDRESS	17 David Blvd 1st Floor
2.4 CITY - ST - ZIP	Tampa, FL 33606
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D/VP Jimmie B. Keel
3.3 STREET ADDRESS	P.O. Box 1110 N/A
3.4 CITY - ST - ZIP	Tampa, FL 33601
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D/Secretary Mary Carroll
4.3 STREET ADDRESS	2710 West Waters Avenue
4.4 CITY - ST - ZIP	Tampa, FL 33647
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D/Treasurer Mary Ann Kelly
5.3 STREET ADDRESS	4932 Melrose Avenue
5.4 CITY - ST - ZIP	Tampa, FL 33629
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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.

SIGNATURE: Colleen Cuervo Henderson Colleen Cuervo Henderson 5-22-98 287-8335

CR2E037 (10/97)

JP
5-12-98

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"Supports people working together for healthy families through education, prevention and intervention."

May 22, 1998

Staff
 Colleen Cuervo Henderson, MPA
Executive Director
 Cathy Beck-Mason, MHS
Program Director

Board of Directors --

President:
 Carol Lilly, MD
*USF College of Medicine
 Department of Pediatrics*

Vice President:
 Jigunie B. Keel
*Assistant County Administrator
 Hillsborough County Board
 of County Commissioners*

Treasurer:
 Mary Ann Kelly

Secretary:
 Jamie Johnson, MSW, MPH

Past President:
 Elizabeth Gulitz, Ph.D.
USF College of Public Health

Annual Reports Filings
 Division of Corporations
 Department of State
 P.O. Box 6327
 Tallahassee, Florida 32314

To Whom It May Concern:

It has recently been brought to my attention that the Maternal Child Health Coalition, a non-for-profit, corporation was administratively dissolved in 1996. The previous years' annual reports 1996 and 1997 were not filed because the Maternal Child Health Coalition never received the annual report documents.

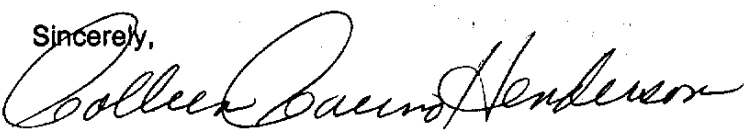
The corporation moved its office in November, 1995. Perhaps the form(s) were never forwarded to the new address. In any event we never received them.

Therefore, upon notification from collaborating businesses attempting to verify our status, I was made aware of the problem. I contacted the Division of Corporations and requested the appropriate form(s) so that the Maternal Child Health Coalition may be reinstated.

I was advised to complete the form and send a check for \$183.75 which include filing fees for 1996, 1997 & 1998 (current year). Check #3982 is enclosed in the amount of \$183.75 and the completed 1998 Annual Report document is attached.

Because we never received any annual report forms for 1996, 1997, & 1998, I am asking that the reinstatement fees be waived. I am also requesting that the Maternal Child Health Coalition be reinstated as soon as possible.

Thank you for your assistance.

Sincerely,


Colleen Cuervo Henderson, MPA
 Executive Director