

FILE NOW: FILING FEE IS \$61.25

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90028 022 ****61.25

0051453

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N26902

1. Corporation Name

MATERNAL CHILD HEALTH COALITION, INC.

544704 - 90028 - 22

Principal Place of Business

3825 HENDERSON BLVD
 SUITE 602
 TAMPA FL 33629
 US

Mailing Address

3825 HENDERSON BLVD
 SUITE 602
 TAMPA FL 33629
 US



2. Principal Place of Business

21 4302 W. Henderson Blvd

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Tampa, FL

24 33629

25 US

2a. Mailing Address

26 4302 W. Henderson Blvd.

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Tampa, FL

29 33629

30 US

3. Date Incorporated or Qualified

06/10/1988

4. FEI Number

59-2908156

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

COLLEEN CUERVO HENDERSON
 4308 WOODMERE ROAD
 TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

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

83

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

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 D DELETE
 NAME HENDERSON, COLLEEN CUERVO
 STREET ADDRESS 4308 WOODMERE ROAD
 CITY-ST-ZIP TAMPA FL 33609

TITLE DP DELETE
 NAME LILLY, DR. CAROL
 STREET ADDRESS 17 DAVID BLVD., 1ST FLOOR
 CITY-ST-ZIP TAMPA FL 33606

TITLE DVP DELETE
 NAME KEEL, JIMMIE B
 STREET ADDRESS P.O. BOX 1110 N/A
 CITY-ST-ZIP TAMPA FL 33601

TITLE DS DELETE
 NAME CARROLL, MARY
 STREET ADDRESS 2710 WEST WATERS AVENUE
 CITY-ST-ZIP TAMPA FL 33647

TITLE DT DELETE
 NAME KELLY, MARY ANN
 STREET ADDRESS 4932 MELROSE AVENUE
 CITY-ST-ZIP TAMPA FL 33629

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

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

4.1 TITLE 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

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, with all other like empowered.

SIGNATURE:

Colleen Cuervo Henderson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 (813) 250-0420
 Date Daytime Phone #

CR2E037 (1/98)