

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90012 047 ****70.00

DOCUMENT # N26902

1. Entity Name

MATERNAL CHILD HEALTH COALITION, INC.

Principal Place of Business

Mailing Address

3902 W. HENDERSON BLVD.
 STE. 205
 TAMPA FL 33629
 US

3902 W. HENDERSON BLVD.
 STE. 205
 TAMPA FL 33629
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2908156

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUERVO, COLLEEN
4412 SWANN AVENUE
TAMPA FL 33609

Name **Colleen Cuervo**

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

4509 S. Renellie Drive

City **Tampa**

FL

Zip Code **33611**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Colleen A. Cuervo

4/17/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ED** Delete
 NAME **CUERVO, COLLEEN**
 STREET ADDRESS **4509 S. RENELLIE DRIVE**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **WALKER, GARY J.D.**
 STREET ADDRESS **100 S. ASHLEY DRIVE, STE. 1500**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **COE, FAYE**
 STREET ADDRESS **P.O. BOX 5135**
 CITY-ST-ZIP **TAMPA FL 33675**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **WOODWARD, LISA**
 STREET ADDRESS **13201 BRUCE D DOWNS BLVD., MDC 56**
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Colleen A. Cuervo

4/17/2002 (813)233-2968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)