

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90022 001 ****70.00

DOCUMENT # N26902
 1. Entity Name
MATERNAL CHILD HEALTH COALITION, INC.



Principal Place of Business: **3902 W. HENDERSON BLVD. STE. 205 TAMPA FL 33629 US**
 Mailing Address: **3902 W. HENDERSON BLVD. STE. 205 TAMPA FL 33629 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

4. FEI Number: **59-2908156** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
CUERVO, COLLEEN
4509 S. RENELLIE DR.
TAMPA FL 33611

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004
 9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED CUERVO, COLLEEN 4509 S. RENELLIE DRIVE TAMPA FL 33611 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSS, KENT E P.O. BOX 151407 TAMPA FL 33684-1407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOLFE, JAMES 201 E. FRANKLIN ST. FLTC1005 TAMPA FL 33601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOODWARD, LISA 13201 BRUCE D DOWNS BLVD., MDC 56 TAMPA FL 33612 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Stacy Patrick 401 E. Jackson St., Ste #3400 Tampa, FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Cuervo* Colleen Cuervo 2/5/04 (813) 233-2968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #