

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 26, 2005
Secretary of State**

DOCUMENT# N26902

Entity Name: MATERNAL CHILD HEALTH COALITION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2908156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUERVO, COLLEEN
4509 S. RENELLIE DR.
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: CUERVO, COLLEEN
Address: 4509 S. RENELLIE DRIVE
City-St-Zip: TAMPA, FL 33611

Title: PD () Delete
Name: MOSS, KENT E
Address: P.O. BOX 151407
City-St-Zip: TAMPA, FL 336841407

Title: VPD () Delete
Name: WOLFE, JAMES
Address: 201 E. FRANKLIN ST. FLTC1005
City-St-Zip: TAMPA, FL 33601

Title: T () Delete
Name: PATRICK, STACY
Address: 401 E. JACKSON ST STE #3400
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN CUERVO

ED

01/26/2005

Electronic Signature of Signing Officer or Director

Date