



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90074 040 \*\*\*\*70.00

<b>DOCUMENT # N26902</b>			
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 3825 Henderson Blvd Suite, Apt. #, etc. Suite 505 City & State TAMPA FL		3. Mailing Address 3825 Henderson Blvd Suite, Apt. #, etc. Suite 505 City & State TAMPA FL	
Zip 33629		Country Hillsborough	
Zip 33629		Country Hillsborough	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSS, KENT E P.O. BOX 151407 TAMPA, FL 336841407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATRICK, STACY 401 E. JACKSON ST STE #3400 TAMPA, FL 33602 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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: 		1-17-06 (813) 281-5535	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	