

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26902

FILED
Jan 13, 2011
Secretary of State

Entity Name: MATERNAL CHILD HEALTH COALITION, INC.

Current Principal Place of Business:

203 N ARMENIA AVE
STE 102
TAMPA, FL 33609 US

New Principal Place of Business:

1211 N. WESTSHORE BLVD
STE 300
TAMPA, FL 33607 US

Current Mailing Address:

203 N ARMENIA AVE
STE 102
TAMPA, FL 33609 US

New Mailing Address:

1211 N. WESTSHORE BLVD
STE 300
TAMPA, FL 33607 US

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: EXEC
Name: CUERVO, COLLEEN
Address: 4509 S. RENELLIE DRIVE
City-St-Zip: TAMPA, FL 33611

Title: PD
Name: MCDOWELL, MAC
Address: P. O. BOX 2683
City-St-Zip: BRANDON, FL 33509

Title: VPD
Name: MARTY, PHILLIP J PHD
Address: 12901 BRUCE B. DOWNS, MDC 002
City-St-Zip: TAMPA, FL 33612

I hereby 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 all other like empowered.

SIGNATURE: COLLEEN CUERVO

EXEC

01/13/2011

Electronic Signature of Signing Officer or Director

Date