

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90363 011 ****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

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**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	<input type="checkbox"/> Delete
NAME	CUERVO, COLLEEN	
STREET ADDRESS	4509 S. RENELLIE DRIVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, GARY J.D.	
STREET ADDRESS	100 S. ASHLEY DRIVE, STE. 1500	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	COE, FAYE	
STREET ADDRESS	P.O. BOX 5135	
CITY-ST-ZIP	TAMPA FL 33675	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOODWARD, LISA	
STREET ADDRESS	13201 BRUCE D DOWNS BLVD., MDC 56	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSS, KENT E	
STREET ADDRESS	P. O. BOX 151407	
CITY-ST-ZIP	TAMPA, FL 33684-1407	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFE, JAMES	
STREET ADDRESS	201 E. FRANKLIN ST. FLTC1005	
CITY-ST-ZIP	TAMPA, FL 33601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Cuervo (Signature)

1/21/03 (813) 233-2968

CR2E037 (10/02)