

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1996 4-17-96 13-3819

DOCUMENT # N30225 (9)

1. Corporation Name

FLORIDA BABIES, INC.



Principal Place of Business

Mailing Address

%CAROL BRADY  
15 S.E. FIRST AVENUE, SUITE A  
GAINESVILLE FL 32601

%CAROL BRADY  
15 S.E. FIRST AVENUE, SUITE A  
GAINESVILLE FL 32601

3. Date Incorporated or Qualified  
01/18/1989

3a. Date of Last Report  
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 2705 Blair Stone Lane

26 2705 Blair Stone Lane

4. FEI Number  
59-2964998

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
Tallahassee, FL

28 City & State  
Tallahassee, FL

24 Zip Country  
32301 USA

29 Zip Country  
32301 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADY, CAROL  
15 S.E. FIRST AVENUE  
SUITE A  
GAINESVILLE FL 32601

81 Name  
LINDA Contreras

82 Street Address (P.O. Box Number is Not Acceptable)  
2705 Blair Stone Lane

83

84 City  
Tallahassee

FL

85 Zip Code  
32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Linda K. Contreras* LINDA K. Contreras

4/10/96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LEFKOW, RANDEE ☒ DELETE  
STREET ADDRESS 4140 N 36 AVE  
CITY-ST-ZIP HOLLYWOOD FL

TITLE STD  
NAME COHN, CATHY ☐ DELETE  
STREET ADDRESS 211 S FEDERAL HWY #15  
CITY-ST-ZIP BOYNTON BCH FL

TITLE VD  
NAME FRENTZEN, BARBARA ☒ DELETE  
STREET ADDRESS 15 S3 FIRST AVE #A  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer ☒ Change ☐ Addition  
1.2 NAME Claire Merrigan  
1.3 STREET ADDRESS 352 Riverside Drive, 19-T  
1.4 CITY-ST-ZIP Jacksonville, FL 32202

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE VP ☒ Change ☐ Addition  
3.2 NAME Suzanne Norton-Davis  
3.3 STREET ADDRESS 1500 N. Florida Mango Rd, Ste 3  
3.4 CITY-ST-ZIP West Palm Beach, FL 33409

4.1 TITLE Director ☐ Change ☒ Addition  
4.2 NAME LINDA K Contreras  
4.3 STREET ADDRESS 4037 Devlin Ct  
4.4 CITY-ST-ZIP Tallahassee, FL 32308

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda K. Contreras* LINDA K. Contreras 4-10-96 904-44-575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)