


FILE NOW: FILING FEE IS \$61.25

FILED

Oct 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # **N30225** (9)
1. Corporation Name
FLORIDA BABIES, INC.



Principal Place of Business 1406 HAYS STREET SUITE 6 TALLAHASSEE FL 32301 US	Mailing Address 1406 HAYS STREET SUITE 6 TALLAHASSEE FL 32301 US
--	--

2. Principal Place of Business 21 1310 Cross Creek Circle Suite, Apt. #, etc. 22 Suite A City & State 23 Tallahassee, FL Zip 24 32301 Country 25 USA	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 Same City & State 28 Same Zip 29 Same Country 30 Same
---	---

3. Date Incorporated or Qualified 01/18/1989
4. FEI Number 59-2064998
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CONTREAS, LINDA 2705 BLAIRSTONE LN SUITE A TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent 81 Name Kayce Morton 82 Street Address (P.O. Box Number is Not Acceptable) 1310 Cross Creek Circle, Suite A 83 Tallahassee 84 City 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 617.0903, Florida Statutes.

SIGNATURE **Kayce Morton** **EXECUTIVE DIRECTOR** **5/1/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE MERRIGAN, CLAIRE 352 RIVERSIDE DR 19T JAX FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE COHN, CATHY 211 S FEDERAL HWY #15 BOYNTON BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE DAVIS, NORTON S 1500 N FLORIDA MANGO RD SUITE 3 W PALM BCH FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE CONTRERAS, LINDA K 4037 DEVLIN CT TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mary Kay Collins, CNM 6 Palm Road Stuart, FL 34996
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cathy Cohn 211 S Federal Hwy. #15 Boynton Bch FL 33432
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Norton-Davis, Suzanne 6231 Drake St. Palm Bch Gardens, FL 33418
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kayce Morton 1310 Cross Creek Circle, Suite A Tallahassee, FL 32301
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 **Sedi Morton** **107-0037**

CR2E037 (10/97)