

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90020 020 ****61.25

DOCUMENT # N30225

1. Corporation Name

FLORIDA BABIES, INC.

* 9 92462 - 4 90020 - 20² *

Principal Place of Business

1310 CROSS CREEK CIRCLE
SUITE A
TALLAHASSEE FL 32301
US

Mailing Address

1310 CROSS CREEK CIRCLE
SUITE A
TALLAHASSEE FL 32301
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/18/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2964998

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORTON, KAYCE
1310 CROSS CREEK CIRCLE
SUITE A
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Kayce Morton KAYCE MORTON

1/8/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	ST-ZIP	DELETED
T	COLLINS, MARY K	6 PALM ROAD	STUART FL 34996	<input checked="" type="checkbox"/>
T	COHN, CATHY	211 S FEDERAL HWY #15	BOYNTON BCH FL 33435	<input type="checkbox"/>
T	NORTON-DAVIS, SUZANNE	6321 DRAKE ST	PAL BEACH GARDENS FL 33418	<input type="checkbox"/>
D	MORTON, KAYCE	1310 CROSS CREEK CIRCLE, SUITE A	TALLAHASSEE FL 32301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
T	POWERS, KATIE	108-25TH STREET, WEST	BRADENTON, FL 34205	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kayce Morton KAYCE MORTON

DATE

1/8/99

Daytime Phone #

850/487-9996

CR2E037 (11/98)