

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N42883

(1)

1. Corporation Name

MOM'S NETWORK, INC.

FILED

1995 JUL 27 AM 10:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1424 NW 12 RD
 GAINESVILLE FL 32601-5552
 US

1424 NW 12 RD
 GAINESVILLE FL 32601-5552
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1991

3a. Date of Last Report

07/06/1994

4. FEI Number

59-3102374

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
 Suite, Apt. #, etc.

26
 Suite, Apt. #, etc.

23
 City & State

28
 City & State

24
 Zip 32605

Country

29
 Zip 32605

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

☐

FILING FEE IS \$61.25

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BURKETT, BARBARA A
 2830 NW 41ST STREET
 SUITE I
 GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

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)

(date Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARRETT, JULIE
STREET ADDRESS	1424 NW 12 RD
CITY, ST, ZIP	GAINESVILLE FL
TITLE	VTD
NAME	WILSON, SARAH
STREET ADDRESS	2135 NW 3RD PLACE
CITY, ST, ZIP	GAINESVILLE FL
TITLE	SD
NAME	WILLIAMS, GWEN GRANT
STREET ADDRESS	7010 S W 31 PLACE
CITY, ST, ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 recorder 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:

Julie Garrett

SIGNATURE AND NAME ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-95

Date

904-338-7773

Telephone (Area #)