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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

04-22-1999 90163 044 \*\*\*\*61.25

DOCUMENT # N93000002608

1. Corporation Name

MOMS OF TIERRA VERDE, INC.

Principal Place of Business

P.O. BOX 58203  
TIERRA VERDE FL 33715

Mailing Address

P.O. BOX 58203  
TIERRA VERDE FL 33715



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/03/1993

4. FEI Number

59-3191979

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

9. Name and Address of Current Registered Agent

HINTON, CHARLES D  
6416 9TH ST N  
ST PETERSBURG FL 33702

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE  
NAME BEDINGHAUS, DEBBIE  
STREET ADDRESS 627 DESOTO DR  
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE DST ☐ DELETE  
NAME DEMAIO, MARTHA  
STREET ADDRESS 436 MONTE CRISTO BLVD  
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE D ☒ DELETE  
NAME RIETH, KARYN  
STREET ADDRESS 674 PONCE DE LEON DR  
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE DP ☐ DELETE  
NAME Catherine Loug  
STREET ADDRESS 1810 Oceanview Dr.  
CITY-ST-ZIP Tierra Verde, FL 33715

TITLE OV ☐ DELETE  
NAME Janet Caramello  
STREET ADDRESS 353 6th Ave. N.  
CITY-ST-ZIP Tierra Verde, FL 33715

TITLE DT ☐ DELETE  
NAME Venus Burk  
STREET ADDRESS 333 Madonna Blvd.  
CITY-ST-ZIP Tierra Verde, FL 33715

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 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 REQUIRED

3/16/99

866-0907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4-1/98)