

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90457 048 \*\*\*\*61.25

**DOCUMENT # N93000002608**

1. Entity 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

**24073653**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-3191979

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Hinton, Charles D.*

*5/1/04*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME BODNER, KRIS  
STREET ADDRESS 125 7TH STREET EAST  
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE PD ☒ Change ☐ Addition  
NAME Nylander, Jennifer  
STREET ADDRESS 803 3rd Avenue South  
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE SD ☒ Delete  
NAME HAGMAN, DAWN  
STREET ADDRESS 832 2ND AVENUE SOUTH  
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE SD ☒ Change ☐ Addition  
NAME Margetis, Jacqueline  
STREET ADDRESS 1124 3rd Avenue South  
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE VPD ☒ Delete  
NAME WRIGHT, KELLY  
STREET ADDRESS 297 1ST ST WEST  
CITY-ST-ZIP SAINT PETERSBURG, FL 33715

TITLE VPD ☒ Change ☐ Addition  
NAME BRASSI, Christina  
STREET ADDRESS 196 4th Avenue North  
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

*5/1/04* *867-7478*