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May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000002862 (1)

1. Corporation Name

MOTHERS HELPING MOTHERS, INC.

Principal Place of Business

Mailing Address

2570 LOMA LINDA ST.
SARASOTA FL 34230
US

P O BOX 342
SARASOTA FL 34230-0342
US



3. Date Incorporated or Qualified
06/21/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 4511 BRAZILNUT AVE

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 SARASOTA, FLORIDA

28 City & State

Zip

Country

Zip

Country

24 34234

25 SARASOTA

29

30

4. FEI Number

65-0416462

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

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

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DAVIS, CAROL A~~
2570 LOMA LINDA ST.
SARASOTA FL 34230

ANN M. ANDREWS
1820 E. Leewynn Dr
Sarasota, FL
34240

81 Name

ANN M. ANDREWS

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

1820 E. Leewynn Dr

83

84 City

SARASOTA

FL

85 Zip Code

34240

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME DER VEER, SUE V
STREET ADDRESS 4511 BRAZILNUT AVE
CITY-ST-ZIP SARASOTA FL

1.1 TITLE DT
1.2 NAME ANN M ANDREWS
1.3 STREET ADDRESS 1820 E. Leewynn Dr
1.4 CITY-ST-ZIP SARASOTA, FLORIDA 34240

TITLE DS
NAME WARD, PATRICIA
STREET ADDRESS 2417 ASPINWALL ST.
CITY-ST-ZIP SARASOTA FL

2.1 TITLE D.P
2.2 NAME TERRY STOTTEMYER
2.3 STREET ADDRESS 4511 RIVERWOOD AVE
2.4 CITY-ST-ZIP SARASOTA, FL 34231

TITLE DT
NAME DAVIS, CAROL A
STREET ADDRESS 2570 LOMA LINDA ST.
CITY-ST-ZIP SARASOTA FL

3.1 TITLE DVP
3.2 NAME SUE VAN DERVEEGE
3.3 STREET ADDRESS 4511 BRAZILNUT AVE
3.4 CITY-ST-ZIP SARASOTA, FL 34234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0062756

Ann M. Andrews 4/10/97

CR2E037 (9/96)

BK. Dep. \$61.25