

3/3/98B-2777-C
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 Mar 03 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N93000002862 (1)
 1. Corporation Name
 MOTHERS HELPING MOTHERS, INC.



Principal Place of Business: 4511 BRAZILNUT AVENUE, SARASOTA FL 34234, US
 Mailing Address: P O BOX 342, SARASOTA FL 34230-0342, US

3. Date Incorporated or Qualified: 06/21/1993

4. FEI Number: 65-0416462
 Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

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

6. Election Campaign Financing: \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. No

9. Name and Address of Current Registered Agent: ANDREWS, ANN M, 1820 E. LEEWYNN DRIVE, SARASOTA FL 34240

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP DER VEER, SUE V 4511 BRAZILNUT AVE SARASOTA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DER VEER, SUE V		1.2 NAME
STREET ADDRESS	4511 BRAZILNUT AVE		1.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP
TITLE	DS WARD, PATRICIA 2417 ASPINWALL ST. SARASOTA FL	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, PATRICIA		2.2 NAME
STREET ADDRESS	2417 ASPINWALL ST.		2.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP
TITLE	DT ANDREWS, ANN 1820 E. LEEWYNN DRIVE SARASOTA FL 34240	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, ANN		3.2 NAME
STREET ADDRESS	1820 E. LEEWYNN DRIVE		3.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL 34240		3.4 CITY-ST-ZIP
TITLE	DP STOTTMAYER, TERRY 4511 RIVERWOOD AVENUE SARASOTA FL 34231	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOTTMAYER, TERRY		4.2 NAME
STREET ADDRESS	4511 RIVERWOOD AVENUE		4.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL 34231		4.4 CITY-ST-ZIP
TITLE	DVP VAN DERVEER, SUE 4511 BRAZILNUT AVENUE SARASOTA FL 34234	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DERVEER, SUE		5.2 NAME
STREET ADDRESS	4511 BRAZILNUT AVENUE		5.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL 34234		5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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.

SIGNATURE: _____ Treasures 2/23/98 941-378-4767

CR2E037 (10/97)