

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002862

FILED
Apr 06, 2006
Secretary of State

Entity Name: MOTHERS HELPING MOTHERS, INC.

Current Principal Place of Business:

2262 WASHINGTON BLVD
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 342
SARASOTA, FL 342300342 US

New Mailing Address:

FEI Number: 65-0416462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, ANN M
3005 BETTY DR
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: WARD, PATRICIA
Address: 2417 ASPINWALL ST.
City-St-Zip: SARASOTA, FL

Title: DT () Delete
Name: ANDREWS, ANN
Address: 3005 BETTY DR
City-St-Zip: SARASOTA, FL 34232

Title: DVP () Delete
Name: STOTTEMYER, TERRY
Address: 65 EAST RD
City-St-Zip: SARASOTA, FL 34240

Title: DP () Delete
Name: BROGAN, MADELINE
Address: 4606 TRAILS DR
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: BRUDELE, LOUISE
Address: 984 INDIAN BEACH DR
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: MORRIS, RUTH
Address: 3304 TANGLEWOOD DR.
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN M. ANDREWS

DT

04/06/2006

Electronic Signature of Signing Officer or Director

Date