

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002862

FILED  
Mar 07, 2011  
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:**

5933 N. WASHINGTON BLVD  
SUITE B & C  
SARASOTA, FL 34234 US

**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  
2337 BENSON STREET  
SARASOTA, FL 34232 US

**Name and Address of New Registered Agent:**

ANDREWS, ANN M  
3036 ALTA VISTA STREET  
SARASOTA, FL 34237 US

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:

03/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT  
Name: ANDREWS, ANN  
Address: 3036 ALTA VISTA STREET  
City-St-Zip: SARASOTA, FL 34232

Title: DVP  
Name: STOTTLEMYER, TERRY  
Address: 65 EAST RD  
City-St-Zip: SARASOTA, FL 34240

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

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

Title: D  
Name: MARCONI, LINDA  
Address: 4922 HUBNER CIRCLE  
City-St-Zip: SARASOTA, FL 34241

I hereby 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 all other like empowered.

SIGNATURE: ANN M. ANDREWS

DT

03/07/2011

Electronic Signature of Signing Officer or Director

Date