

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90256 039 \*\*\*\*\*70.00

**DOCUMENT # N93000002862**

1. Entity Name

**MOTHERS HELPING MOTHERS, INC.**



Principal Place of Business

**2239 WASHINGTON BLVD  
SARASOTA FL 34237  
US**

Mailing Address

**P O BOX 342  
SARASOTA FL 34230-0342  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0416462**

Applied For

Not Applicable

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

**ANDREWS, ANN M  
1820 E. LEEWYNN DRIVE  
SARASOTA FL 34240**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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	DS	<input type="checkbox"/> Delete
NAME	WARD, PATRICIA	
STREET ADDRESS	2417 ASPINWALL ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ANDREWS, ANN	
STREET ADDRESS	1820 E. LEEWYNN DRIVE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	STOTTMAYER, TERRY	
STREET ADDRESS	65 EAST RD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BROGAN, MADELINE	
STREET ADDRESS	4606 TRAILS DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUDELE, LOUISE	
STREET ADDRESS	984 INDIAN BEACH DR	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> Delete
NAME	Morris, Ruth	
STREET ADDRESS	3304 Tanglewood Dr.	
CITY-ST-ZIP	SARASOTA, FL 34239	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morris, Ruth	
STREET ADDRESS	3304 Tanglewood Dr.	
CITY-ST-ZIP	SARASOTA, FL 34239	

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:

*Ann M Andrews, Treasurer 4/23/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)