

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005123

FILED
Jun 23, 2009
Secretary of State

Entity Name: THE FLORIDA SCHOOL OF TRADITIONAL MIDWIFERY, INC.

Current Principal Place of Business:

810 E UNIVERISTY AVE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

810 E UNIVERISTY AVE
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-3239650 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GIBSON, MARY
16 NE 8TH STREET
GAINESVILLE, FL 32601 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CW () Delete
Name: NELSON, SUSAN
Address: 3534 NW 40TH STREEG
City-St-Zip: GAINESVILLE, FL 32606

Title: VCW () Delete
Name: PHOENIX, HEART
Address: 2603 NW 13TH STREET NUMBER 375
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: BYAM, SUZANNE
Address: 1414 NW 7TH STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: NICHOLS, LINDA
Address: 1103 NW 30TH AVENUE
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: SEVILLA, YESENIA
Address: 710 SW 117TH STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Delete
Name: TUBBS, MICHAEL
Address: 1115 NE 6TH STREET
City-St-Zip: GAINESVILLE, FL 32601

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
Name:
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 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: MARY GIBSON

BFD

06/23/2009

Electronic Signature of Signing Officer or Director

Date