

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 13, 2007
Secretary of State

DOCUMENT# N94000000628

Entity Name: MOTHERS IN CRISIS, INC.**Current Principal Place of Business:**1500 LAKE AVE.
TALLAHASSEE, FL 32310 US**New Principal Place of Business:****Current Mailing Address:**P.O.BOX 5121
TALLAHASSEE, FL 323145121**New Mailing Address:****FEI Number:** 59-3222366**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**POULOS, MILLIE
1820 MEDART DR.
TALLAHASSEE, FL 32303 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:** D/P () Delete
Name: TOMPKINS, ROSALIND
Address: 1802 MCELROY STREET
City-St-Zip: TALLAHASSEE, FL 32310**Title:** SD () Delete
Name: DURHAM, SHARON
Address: 4921 LESTER RD
City-St-Zip: TALLAHASSEE, FL 32317**Title:** VD () Delete
Name: PALMORE, NETTIE
Address: 42 RICHARDSON RD.
City-St-Zip: CRAWFORDVILLE, FL 32327**Title:** TD () Delete
Name: ROLLINS, RENAE
Address: 2214 SKYLAND DR.
City-St-Zip: TALLAHASSEE, FL 32303**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: DURHAM, SHARON
Address: 4921 LESTER RD
City-St-Zip: TALLAHASSEE, FL 32317**Title:** SD (X) Change () Addition
Name: PALMORE, NETTIE
Address: 42 RICHARDSON RD.
City-St-Zip: CRAWFORDVILLE, FL 32327**Title:** VD (X) Change () Addition
Name: ROLLINS, RENAE
Address: 2214 SKYLAND DR.
City-St-Zip: TALLAHASSEE, FL 32303

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: ROSALIND TOMPKINS

D/P

03/13/2007

Electronic Signature of Signing Officer or Director

Date