

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000628

FILED  
Apr 28, 2008  
Secretary of State

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:

LOISEAU, SUE-ELLEN  
4606 TALL OAK DRIVE  
TALLAHASSEE, FL 32305 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: SUE-ELLEN LOISEAU

04/28/2008

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: TD ( ) Delete  
Name: DURHAM, SHARON  
Address: 4921 LESTER RD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: SD ( ) Delete  
Name: PALMORE, NETTIE  
Address: 42 RICHARDSON RD.  
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: SD (X) Change ( ) Addition  
Name: POULOS, MILLIE  
Address: 1500 LAKE AVENUE  
City-St-Zip: TALLAHASSEE, FL 32310

Title: VD (X) Change ( ) Addition  
Name: ROLLINS, RENAE  
Address: 2415 SAN PEDRO AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303

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: ROSALIND Y. TOMPKINS

D/P

04/28/2008

Electronic Signature of Signing Officer or Director

Date