

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000628

Entity Name: MOTHERS IN CRISIS, INC.

FILED
Feb 04, 2009
Secretary of State

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:

P.O.BOX 5121
TALLAHASSEE, FL 323145121 US

FEI Number: 59-3222366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOISEAU, SUE-ELLEN
4606 TALL OAK DRIVE
TALLAHASSEE, FL 32305 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: TD () Delete
Name: DURHAM, SHARON
Address: 4921 LESTER RD
City-St-Zip: TALLAHASSEE, FL 32317

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: TOMPKINS, ROSALIND Y
Address: 1802 MCELROY STREET
City-St-Zip: TALLAHASSEE, FL 32310 US

Title: TD (X) Change () Addition
Name: DURHAM, SHARON
Address: 4921 LESTER ROAD
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: SD (X) Change () Addition
Name: LOISEAU, SUE-ELLEN
Address: 4606 TALL OAK DRIVE
City-St-Zip: TALLAHASSEE, FL 32305 US

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

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

02/04/2009

Electronic Signature of Signing Officer or Director

Date