

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000628

FILED
Jan 13, 2011
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:

6866 BLOUNTSTOWN HWY.
SUITE B
TALLAHASSEE, FL 32310 US

Current Mailing Address:

P.O.BOX 5121
TALLAHASSEE, FL 323145121 US

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:

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

Name and Address of New Registered Agent:

DURHAM, SHARON
4921 LESTER RD.
TALLAHASSEE, FL 32317 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: SHARON DURHAM

01/13/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: TD
Name: DURHAM, SHARON
Address: 4921 LESTER ROAD
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: SD
Name: TOMPKINS, JANAR
Address: 1802 MCELROY ST.
City-St-Zip: TALLAHASSEE, FL 32310 US

Title: VD
Name: POULOS, MILLIE F
Address: 1802 MCELROY ST.
City-St-Zip: TALLAHASSEE, FL 32310 US

I hereby 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 all other like empowered.

SIGNATURE: ROSALIND Y. TOMPKINS

D/P

01/13/2011

Electronic Signature of Signing Officer or Director

Date