

9-5-97 B-8300 C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. McThain Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005543 (1)**

1. Corporation Name

MOTHERS UNITED, INCORPORATED

Principal Place of Business

Mailing Address

11721 INVERNESS CIR.
W. PALM BEACH FL 33414

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W. PALM BEACH FL 33414



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/28/1996** 3a. Date of Last Report

2. Principal Place of Business **Same** 2a. Mailing Address **Same**

4. FEI Number Applied For ☒ Not Applicable

21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State 24 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **Added to Fees**

25 Zip Country 26 Zip Country

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

27 28 29 30

9. Name and Address of Current Registered Agent

MANICA, TINA
1610 TAMARACK WAY
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name **Joanne Seibert**
82 Street Address (P.O. Box Number is Not Acceptable) **526 Sandpiper Ave**
83
84 City **Royal Palm Beach** FL 85 Zip Code **33411**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Greene Seibert* 7-29-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
	Mary Last <input checked="" type="checkbox"/> DELETE	(D) Co-Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	11683 Orange Grove Blvd	1.2 NAME	Donna Nicholson
CITY-ST-ZIP	Royal Palm Bch, FL 33411	1.3 STREET ADDRESS	12108 Sunset Pt Circle
TITLE	NAME	1.4 CITY-ST-ZIP	Wellington, FL 33414
	Cindy Tribble <input checked="" type="checkbox"/> DELETE	2.1 TITLE	(D) Co-Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	384 La Mancha Ave	2.2 NAME	Kathleen Kasper
CITY-ST-ZIP	Royal Palm Bch, FL 33411	2.3 STREET ADDRESS	12458 West Hall Place
TITLE	NAME	2.4 CITY-ST-ZIP	Wellington, FL 33414
	Corresponding Secretary <input type="checkbox"/> DELETE	3.1 TITLE	
STREET ADDRESS	Jessi Sleek	3.2 NAME	
CITY-ST-ZIP	118 Ponce De Leon ST	3.3 STREET ADDRESS	
	Royal Palm Bch, FL 33411	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	
	(D) Vice President <input checked="" type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS	Wendy Whittington	4.3 STREET ADDRESS	
CITY-ST-ZIP	1957 Newmarket Ave	4.4 CITY-ST-ZIP	
	Wellington, FL 33414	5.1 TITLE	
TITLE	NAME	5.2 NAME	
	Treasurer <input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
STREET ADDRESS	Lorraine Hernandez	5.4 CITY-ST-ZIP	
CITY-ST-ZIP	11721 Inverness Circle, Well, FL 33414	6.1 TITLE	
TITLE	NAME	6.2 NAME	
		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *1/29/97* SIGNATURE REQUIRED *1561798 4/25*

CP2E037 (4/97)