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FILED

Jun 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 Circle  
Wellington, FL 33414**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**10/28/96**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

**Lorraine Hernandez**

82 Street Address (P.O. Box Number is Not Acceptable)

**11721 Inverness Circle**

83

84 City

**Wellington**

**FL**

85 Zip Code

**33414**

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

**Donna F. H.**

**Lorraine M. Hernandez**

**5/21/98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President - Director** ☐ DELETE

NAME **JoAnne Siebert**  
STREET ADDRESS **226 Sandpiper Avenue**  
CITY-ST-ZIP **Royal Palm Bch., FL 33414**

TITLE **Director** ☐ DELETE

NAME **Kathleen Kasper**  
STREET ADDRESS **12488 West Hall Pl**  
CITY-ST-ZIP **Wellington, FL 33414**

TITLE **Vice President - Director** ☐ DELETE

NAME **Dona Nicholson**  
STREET ADDRESS **12108 Sunset Point Circle**  
CITY-ST-ZIP **Wellington, FL 33414**

TITLE **Secretary** ☐ DELETE

NAME **Jessi Sleek**  
STREET ADDRESS **118 Prince de Leon Street**  
CITY-ST-ZIP **Royal Palm Bch., FL 33414**

TITLE **Treasurer** ☐ DELETE

NAME **Lorraine Hernandez**  
STREET ADDRESS **11721 Inverness Circle**  
CITY-ST-ZIP **Wellington, FL 33414**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

**Donna F. H.**

**5/21/98**

**(561) 798-4125**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)