

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90114 031 ****61.25

DOCUMENT # N96000005543

1. Corporation Name

MOTHERS UNITED, INCORPORATED

Principal Place of Business

11721 INVERNESS CIR.
W. PALM BEACH FL 33414

Mailing Address

11721 INVERNESS CIR.
W. PALM BEACH FL 33414



110548-90714-4 8

2. Principal Place of Business

21 1610 Tamarack Way
Suite, Apt. #, etc.

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
10/28/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

23 Wellington FL

City & State

28

Zip

24 33414

Country

25 WFB

Zip

29

Country

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HERNANDEZ, LORRAINE
11721 INVERNESS CIRCLE
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

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

83 1610 Tamarack Way

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

Tina Manica, Treasurer 1/12/99

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 PD ☐ DELETE

NAME SIEBERT, JOANNE
STREET ADDRESS 226 SANDPIPPER AVENUE
CITY-ST-ZIP ROYAL PALM BEACH FL 33414

TITLE DVP ☐ DELETE

NAME KASPER, KATHLEEN
STREET ADDRESS 12488 W. HALL PL.
CITY-ST-ZIP WELLINGTON FL 33414

TITLE DVP ☐ DELETE

NAME NICHOLSON, DONNA
STREET ADDRESS 12108 SUNSET POINT CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE S ☐ DELETE

NAME SLEEK, JESSI
STREET ADDRESS 118 PONE DE LEON STREET
CITY-ST-ZIP ROYAL PALM BEACH FL 33414

TITLE T ☐ DELETE

NAME HERNANDEZ, LORRAINE
STREET ADDRESS 11721 INVERNESS CIR.
CITY-ST-ZIP W. PALM BEACH FL 33414

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVP ☒ Change ☐ Addition

1.2 NAME Wendy Whittington
1.3 STREET ADDRESS 1957 New Haven Ave
1.4 CITY-ST-ZIP Wellington FL 33414

2.1 TITLE DVP ☒ Change ☐ Addition

2.2 NAME Lorraine Hernandez
2.3 STREET ADDRESS 11721 Inverness Circle
2.4 CITY-ST-ZIP Wellington FL 33414

3.1 TITLE VP ☒ Change ☐ Addition

3.2 NAME Nicholson, Donna
3.3 STREET ADDRESS 12108 Sunset Pt Circle
3.4 CITY-ST-ZIP Wellington FL 33414

4.1 TITLE T ☒ Change ☐ Addition

4.2 NAME Tina Manica
4.3 STREET ADDRESS 1610 Tamarack Way
4.4 CITY-ST-ZIP Wellington FL 33414

5.1 TITLE Wicke, Cindy ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 908 Lake Breeze Drive
5.4 CITY-ST-ZIP Wellington FL 33414

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)