


FILE NOW: FILING FEE IS \$61.25

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May 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005783 (3)**

1. Corporation Name

MOTHERS' VOICES OF SOUTH FLORIDA, INC.



Principal Place of Business 555 N.E. 34TH STREET NO. 1503 MIAMI FL 33137	Mailing Address 555 N.E. 34TH STREET NO. 1503 MIAMI FL 33137-4056
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3. Date Incorporated or Qualified 10/21/1996	3a. Date of Last Report N/A
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2. Principal Place of Business 21 799 BRICKELL PLAZA Suite, Apt. #, etc. 22 Suite 100 City & State 23 MIAMI, FL Zip 24 33131 Country 25 USA	2a. Mailing Address 26 799 BRICKELL PLAZA Suite, Apt. #, etc. 27 SUITE 100 City & State 28 MIAMI, FL Zip 29 33131 Country 30 USA
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent GAYNOR, BARBARA 555 N.E. 34TH STREET NO. 1503 MIAMI FL 33137	
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10. Name and Address of New Registered Agent	
81 Name BARBARA GAYNOR	
82 Street Address (P.O. Box Number Is Not Acceptable) 799 BRICKELL PLAZA,	
83 SUITE 100	
84 City MIAMI	85 Zip Code FL 33131

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 *Barbara Gaynor* DATE **4/2/97**

12.	13.	ADDITIONAL
TITLE	1.1 TITLE	2
NAME	1.2 NAME	dition
STREET ADDRESS	1.3 STREET ADDRESS	
CITY - ST - ZIP	1.4 CITY - ST - ZIP	
TITLE	2.1 TITLE	dition
NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	
CITY - ST - ZIP	2.4 CITY - ST - ZIP	dition
TITLE	3.1 TITLE	
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY - ST - ZIP	3.4 CITY - ST - ZIP	dition
TITLE	4.1 TITLE	
NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY - ST - ZIP	4.4 CITY - ST - ZIP	dition
TITLE	5.1 TITLE	
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY - ST - ZIP	5.4 CITY - ST - ZIP	dition
TITLE	6.1 TITLE	
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY - ST - ZIP	6.4 CITY - ST - ZIP	dition

Ms. Susie Becker - Bd of Directors
8201 SW 149 Drive
Miami, Florida 33158

Mr. Marc Cohen - Bd of Directors
800 West Avenue
Apt. 720
Miami Beach, Florida 33139

Ms. Lilibet Warner - Bd of Directors
320 West End Street
Key Biscayne, Florida 33149

Dr. Ann Pozen - Vice Pres. - Education
10645 SW 89 Avenue
Miami, Florida 33176

Dr. Cheryl Holder - Bd of Directors
North Dade Health Center
16555 NW 25 Avenue
Miami, Florida 33054

Ms. Sheila Zemsky - Bd Director
520 Brickell Key Drive #1200
Miami, Florida 33131

Mr. Don Sadler - Bd. Director
BellSouth
150 West Flagler Street
Ste. 1820
Miami, Florida 33130

Ms. Jackie Radice - Secretary
255 East Enid Drive
Key Biscayne, Florida 33149

Mr. Jef Morris - Bd of Directors
1670 Lincoln Court
Apt. #5C
Miami, Florida 33139

Ms. Henrietta Gordon - Vice Pres.
8560 SW 85 Avenue
Miami, Florida 33143

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: *Barbara Gaynor* DATE **4/2/97** 305/579-0021

CR2E037 (9/96)