

FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 799 BRICKELL PLAZA STE. 100 MIAMI FL 33131 US	Mailing Address 799 BRICKELL PLAZA STE. 100 MIAMI FL 33131 US
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3. Date Incorporated or Qualified 10/21/1996
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 555 NE 34 ST.
22 City & State	27 #1503
23 Zip	28 MIAMI, FL
24 Country	29 33137
25	30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent GAYNOR, BARBARA 799 BRIKELL PLAZA STE. 100 MIAMI FL 33131	
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10. Name and Address of New Registered Agent 81 Name GAYNOR, BARBARA A	
82 Street Address (P.O. Box Number is Not Acceptable) 555 NE 34 ST, 1	
83 SUITE 1503	
84 City MIAMI, FL 33131 FL	85 Zip Code 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 617.0502, Florida Statutes.

SIGNATURE **BARBARA GAYNOR** *Barbara Gaynor* **3/12/98**
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	D	<input type="checkbox"/> DELETE
NAME	BECKER, SUSIE M	
STREET ADDRESS	8201 S.W. 149 DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, MARC M	
STREET ADDRESS	800 WEST AVE., APT. 720	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARNER, LILIBET M	
STREET ADDRESS	320 WEST END STREET	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	POZEN, ANN D	
STREET ADDRESS	10845 S.W. 89 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLDER, CHERYL D	
STREET ADDRESS	18555 DADE HEALTH CENTER	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZEMSKY, SHEILA M	
STREET ADDRESS	520 BRICKELL KEY DR., #1200	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SADLER, DON	
2.3 STREET ADDRESS	150 W. FLAGLER ST.	
2.4 CITY-ST-ZIP	MIAMI, FL 33131	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am an officer or director of the corporation or a person authorized 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* **BARBARA GAYNOR** **3/18/98 (205) 347-5338**

CR2E037 (10/97)