


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 99 MAR 29 AM 11:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <b>N96000005783</b> 1. Corporation Name <b>MOTHERS' VOICES OF SOUTH FLORIDA, INC</b>					
Principal Place of Business <b>150 W. FLAGLER ST. #1820 MIAMI, FL 33130</b>		Mailing Address <b>SAME</b>			
2. Principal Place of Business 21 <b>150 W. FLAGLER ST</b> Suite, Apt. #, etc. 22 <b>1820</b> City & State 23 <b>MIAMI FL</b> Zip 24 <b>33130</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>10/21/96</b> 4. FEI Number <b>31-1564237</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>BARBARA GAYNOR 150 W. FLAGLER ST #1820 MIAMI, FL 33130</b>			10. Name and Address of New Registered Agent 81 Name <b>SAME</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>400002831174-0</b> 83 <b>-04/06/99--01073--009</b> <b>*****61.25 *****61.25</b> <b>FL 85</b> Zip Code 84 City		
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 <b>X Barbara Gaynor</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>3-11-99</b>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE	ROLAND GARCIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA GAYNOR		1.2 NAME	ROLAND GARCIA	
STREET ADDRESS	555 N.E. 34th STREET, #501		1.3 STREET ADDRESS	12900 SW 89th CT	REMAIN THE SAME
CITY-ST-ZIP	MIAMI, FL 33130		1.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE	ANN POZER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRIETTA GORDON		2.2 NAME	ANN POZER	
STREET ADDRESS	8560 SW 85th AVENUE		2.3 STREET ADDRESS	10645 SW 89 CT	11
CITY-ST-ZIP	MIAMI, FL 33143		2.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	SECRETARY	<input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON SADLER		3.2 NAME	CHEYL HOLDER MD	
STREET ADDRESS	150 W. FLAGLER ST #1820		3.3 STREET ADDRESS	16555 NW 25 AVE	11
CITY-ST-ZIP	MIAMI, FL 33130		3.4 CITY-ST-ZIP	MIAMI, FL 33054	
TITLE	TREASURER	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEILA ZEMSKY		4.2 NAME		
STREET ADDRESS	620 BRICKELL KEY DR #1200		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		4.4 CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA REDMOND		5.2 NAME		
STREET ADDRESS	150 W. FLAGLER ST #1820		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		5.4 CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN BECKER		6.2 NAME		
STREET ADDRESS	8201 SW 149 DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33158		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-99

Date

305)347-5467

Daytime Phone #

CR2E037 (11/95)