

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005783

FILED
Mar 17, 2005
Secretary of State

Entity Name: MOTHERS' VOICES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

150 W. FLAGLER ST.
STE. 1820
MIAMI, FL 33130 US

New Principal Place of Business:

Current Mailing Address:

150 W. FLAGLER ST.
STE. 1820
MIAMI, FL 33130 US

New Mailing Address:

FEI Number: 31-1554237 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GAYNOR, BARBARA
150 W. FLAGLER ST
SUITE 1820
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BECKER, SUSAN M
Address: 626 CORAL WAY, #402
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: SADLER, DON
Address: 150 W FLAGLER ST #1820
City-St-Zip: MIAMI, FL 33131

Title: P () Delete
Name: GAYNOR, BARBARA
Address: 23269 ALORA DR.
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: ROTH, LYNNE
Address: 3031 AVIATION AVE.
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: HOLDER, CHERYL D
Address: 16555 DADE HEALTH CENTER
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: ZEMSKY, SHEILA M
Address: 520 BRICKELL KEY DR., #1200
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SECRETARY/DON SADLER

MR.

03/17/2005

Electronic Signature of Signing Officer or Director

_____ Date