

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005783

FILED  
Apr 19, 2006  
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  
Name:  
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 Chapter 119, 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: BARBARA GAYNOR

P

04/19/2006

Electronic Signature of Signing Officer or Director

Date