


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90043 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001233					
1. Corporation Name MOTHER'S HIP CONNECTION EDUCATION FOUNDATION, INC.					
Principal Place of Business 1915-C DARRYL DRIVE TALLAHASSEE FL 32301			Mailing Address 1915-C DARRYL DRIVE TALLAHASSEE FL 32301		



2. Principal Place of Business 21 1915 Darryl DR Suite, Apt. #, etc. 22 #C City & State 23 Tallahassee, FL Zip 24 32301		2a. Mailing Address 26 same Suite, Apt. #, etc. 27 same City & State 28 same Zip 29 same		3. Date Incorporated or Qualified 03/02/1998	
				4. FEI Number EIN 59-3495357	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent CORBOTT, THERESSA 1915-C DARRYL DRIVE TALLAHASSEE FL 32301				10. Name and Address of the Registered Agent 81 Name Theressa Corbitt 82 Street Address (P.O. Box Number is Not Acceptable) same 83 same 84 City same FL 85 Zip Code	
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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

W/A
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	President - C.B.D.	George Clinton	6753 Thomasville Rd.		Chairman of Bd.	George Clinton	6753 Thomasville Rd.
		Suite 108-245				Suite 108-245	
		Tallahassee, FL				Tallahassee, FL	
		32312				32312	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	Vice-President - Director	Stephanie Clinton	6753 Thomasville Rd.		Director	Stephanie Clinton	6753 Thomasville Rd.
		Suite 108-245				Suite 108-245	
		Tallahassee, FL				Tallahassee, FL	
		32312				32312	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	Secretary	Theressa Corbitt - Dir.	1915-C Darryl Dr.		Director	Theressa Corbitt	1915-C Darryl Dr.
		Tallahassee, FL				Tallahassee, FL	
		32301				32301	

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: *Theressa Corbitt* (850) 656-9445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #