

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR 25 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000051062

1. Entity Name
INTERNATIONAL SCHOOL OF MIDWIFERY INC.



Principal Place of Business
140 NE 119 STREET
MIAMI, FL 33161

Mailing Address
140 NE 119 STREET
MIAMI, FL 33161



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0598533

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DANIELS, SHARI D
140 NE 119 STREET
MIAMI, FL 33161

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

700101462757
05/04/07-01005-002 **550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DANIELS, SHARI
STREET ADDRESS	140 NE 119 STREET
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	D
NAME	DANIELS, JOY
STREET ADDRESS	5245 NE 2 COURT #3
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	D
NAME	WILLIAMS, CAROL
STREET ADDRESS	793 W 80 STREET
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shari Daniels*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07

305-754-2229

Date

Daytime Phone #