

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002862

**Entity Name:** MOTHERS HELPING MOTHERS, INC.**Current Principal Place of Business:**5933 N. WASHINGTON BLVD  
SUITE B & C  
SARASOTA, FL 34234**Current Mailing Address:**P O BOX 342  
SARASOTA, FL 34230-0342 US**FEI Number:** 65-0416462**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ANDREWS, ANN M  
3036 ALTA VISTA STREET  
SARASOTA, FL 34237 US*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**Officer/Director Detail :**

Title	DT
Name	ANDREWS, ANN
Address	3036 ALTA VISTA STREET
City-State-Zip:	SARASOTA FL 34232

Title	DVP
Name	STOTTLEMYER, TERRY
Address	65 EAST RD
City-State-Zip:	SARASOTA FL 34240

Title	DP
Name	BROGAN, MADELINE
Address	4606 TRAILS DR
City-State-Zip:	SARASOTA FL 34232

Title	D
Name	BRUDELE, LOUISE
Address	984 INDIAN BEACH DR
City-State-Zip:	SARASOTA FL 34234

Title	D
Name	MARCONI, LINDA
Address	4922 HUBNER CIRCLE
City-State-Zip:	SARASOTA FL 34241

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANN M ANDREWS**TREASURER****03/08/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date