

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000002481

**Entity Name:** MOTHERS OUT FRONT, INC.

**Current Principal Place of Business:**

145 PINE HAVEN SHORES RD. #1000A  
SHELBURNE, VT 05482

**Current Mailing Address:**

7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 46-5758600

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC.  
7901 4TH ST N.  
STE:300  
ST. PETERSBURG, FL 33702 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 C  
Name WIRTH, KELSEY  
Address 22 FRANCIS AVE.  
City-State-Zip: CAMBRIDGE MA 02138

Title T  
Name COCKMAN, BONNIE  
Address 6 COTTAGE AVE. #1  
City-State-Zip: SOMERVILLE MA 02144

Title D  
Name SEVIER, ELECTA  
Address 52 ELIOT ST.  
City-State-Zip: BOSTON MA 02130

Title S  
Name JOHNSON, ELIZA  
Address 99 WALLACE ST.  
City-State-Zip: SOMERVILLE MA 02144

*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:** ELECTA SEVIER

D

04/06/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date