FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 PM 12:15
FLORIDA

DOCUMENT # 742504 **(4)**

1. Corporation Name

LA LECHE LEAGUE OF FLORIDA, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O CLARICE RUTTENBER, ACL 2173 WEST LAKEVIEW BLVD NORTH FT. MYERS FL 33903	C/O CLARICE RUTTENBER, ACL 2173 WEST LAKEVIEW BLVD NORTH FT. MYERS FL 33903

3. Date Incorporated or Qualified: 04/18/1978
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-1817194 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 26 CEDAR DRIVE	Suite, Apt. #, etc.: 27 26 CEDAR DRIVE
City & State: 23 OCALA, FL	City & State: 28 OCALA, FL
Zip: 24 34472 Country: 25 USA	Zip: 29 34472 Country: 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUTTENBER, CLARICE 2173 WEST LAKEVIEW BLVD NORTH FORT MYERS FL 33903	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 26 CEDAR DRIVE 83 84 City: OCALA FL 85 Zip Code: 34472

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☑ Change ☐ Addition
NAME	RUTTENBER, CLARICE	1.2 NAME		
STREET ADDRESS	2173 W LAKEVIEW BLVD	1.3 STREET ADDRESS	26 CEDAR DRIVE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	1.4 CITY-ST-ZIP	OCALA, FL 34472	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	HEIFNER, JEANNE	2.2 NAME		
STREET ADDRESS	4639 TIAWASSEE ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL 32141	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	TREASURER	☑ Change ☐ Addition
NAME	PELOSO, JOAN	3.2 NAME	SMARSH, ROBIN	
STREET ADDRESS	4732 NW 6TH COURT	3.3 STREET ADDRESS	2898 ANNAWOOD RD	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	4.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	REINHARDT, BARBARA	4.2 NAME	DAWN WERNKE	
STREET ADDRESS	6512 SUNSET WILLOW COURT	4.3 STREET ADDRESS	364 FRANCIS AVE.	
CITY-ST-ZIP	ORLANDO FL 32835	4.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CORRAL, SUZAN	5.2 NAME		
STREET ADDRESS	603 LOWRY LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	COLE, DONEDA	6.2 NAME	PEGGY SEMMES	
STREET ADDRESS	7550 HUB BAILEY ROAD	6.3 STREET ADDRESS	2513 EDGEWOOD ROAD	
CITY-ST-ZIP	HASTINGS FL 32145	6.4 CITY-ST-ZIP	TAMPA, FL 33609-5305	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Clarice V. Ruttenber - CLARICE V. RUTTENBER 3/28/95 904-680-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019607