FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1/19/96 954-584-4164 Bayteria Phone #

1996

DOCUMENT # 742504

(4)

LA LECHE LEAGUE OF FLORIDA, INCORPORATED

					/ 86 8 811 8 812 8 8 8 8 8 8 7	
Principal Place of Business Mailing Address						
C/O CLARICE RUTTENBER. ACL 26 CEDAR DRIVE		C/O CLARICE RUTTENBER. ACL 26 CEDAR DRIVE OCALA FL 34472 US				
OCALA FL 34472 US				3. Date Incorporated or Qualified	3a. Date of Last I	
03		00		04/18/1978	04/06/19	995
2. Principal Pla		2a. Mailing Address		4. FEI Number	/	Applied For
n c/o Joan Peloso ,ACL		26 c/o Joan Peloso ,ACL		59-1817194 Not Applica		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
2 4732 NW 6 Ct		27 4732 NW 6 Ct				Required
Orty & State		City & State		Election Campaign Financing Trust Fund Coastinution	.	
23 Plantation,FL Zip Country		28 Plantation, FL Country		Trust rund Contribution Added to Fees		
Zip Country 24 33317-1406 25 USA		29 33317-1406 30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No		
4 33317-	9. Name and Address of Curren		1	10. Name and Address of New Re		
			81 Name	Dologo loan		
RUTTENBER, CLARICE				Peloso, Joan Address (P.O. Box Number is Not Acceptable	<u>al</u>	
26 CEDA	The state of the s			2 NW 6 Ct	<i>=</i> 1	
OCALA F			83	<u> </u>		
			94 03		pr 7ii	p Code
			84 City p	lantation,		≀ 317
11. Pursuant to	o the provisions of Sections 617.0502	and 617.1508, Florida Statutes, 1	he above-named co	progration submits this statement for the pure	oose of changing its r	egistered office
or registere familiar with	ed agent, or both, in the State of Floric h, and accept the obligations of Secti	da. Such change was authorized t ion 617.0503. Florida Statutes.	by the corporation's	board of directors. I hereby accept the appo	intment as registered	agent. Lam
SIGNATURE	SMM Pal	Joan M. Po	eloso. ACL		1/19/96	
	Signature, upod or printed name of registered agorit		legistered Agent signature n		DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFF		
TITLE	PD PURTENIES OF FEIGE	DELETE	1.1 TITLE FO	PD	Change	☐ Add₁tion
NAME	RUTTENBER, CLARICE		1 2 NAME	Joan Peloso		
STREET ADDRESS	26 CEDAR DRIVE		1.3 STREET ADDRESS	4732 NW 6 Ct		
CITY - ST - ZIF	OCALA FL	DELETE	14 CITY - ST - ZIP	Plantation, Fl 33317-	1406	Addition
TITLE	V LICKAIED ICANINE	Dectie	2 1 TITLE		Onlings	Addition
NAME	HEIFNER, JEANNE 4639 TIAWASSEE ROAD		2 2 NAME			
STREET ADDRESS	EDGEWATER FL 32141		2.3 STREET ADDRESS			
DITY-ST-ZIP TITLE	T	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		[] Change	Addition
NAME	STANFORD, ROBIN		3 2 NAME		۔ ت	_
STREET ADDRESS	3898 RUNNYMEDE ROAD		3 3 STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL		3 4 CITY-ST-ZIP			
TITLE	D	DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	WIDENER, DAWN	-	4 2 NAME			
STREET ADDRESS	384 TRAVINO AVE.		4 3 STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL		4.4 CHY-ST-ZIP			
TITLE	D	□X D€LETE	5 1 TITLE	D	Change Change	Addition
NAME	CORRAL, SUZAN	• •	5 2 NAME	Kate Grosmaire	-,	
STHEET ADDRESS	803 LOWRY LANE		5 3 STREET ADDRESS	3074 Governors Court D	r.	
CITY - ST - ZIP	TAMPA FL		5.4 CITY - ST - ZIP	Tallahasee, Fl 32301		
TITLE	\$	DELETE	6 1 TIFLE		Change	■ Addition
NAME	SIMPSON, ELLEN		6 2 NAME			
STREET ADDRESS	2513 EDGEWOOD RD		6.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL		6 4 CHTY-ST-ZIP	lit. for the grant line of the first line of the	07/2/44 Elecido C+-+	too I further
certify that	t the information indicated on this ann	uai report or supplemental annual.	report is true and ad	alify for the exemption stated in Section 119 courate and that my signature shall have the	same legal effect as i	r made under
oath: that	Lam an officer or director of the corportion Block 12 or Block 13 if changed, or	oration or the receiver or trustee er	mpowered to execu	te this report as required by Chapter 617, Fi	orida Statutes; and th	at my name
wheat and	TENON IZ OF BIOCK TO IT CHAINGED, OF	OF BIT ALLOCH HOLK WILL OF BUSINESS				

DOOLS JOAN M. Peloso ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR