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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **742504** **(4)**

1. Corporation Name

LA LECHE LEAGUE OF FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
C/O JOAN PELOSO. ACL 4732 NW 6TH COURT PLANTATION FL 33317-1406 US	C/O JOAN PELOSO. ACL 4732 NW 6TH COURT PLANTATION FL 33317-1406 US

3. Date Incorporated or Qualified: 04/18/1978
3a. Date of Last Report: 02/13/1996

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-1817194 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PELOSO, JOAN
4732 NW 6TH COURT
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Joan M. Peloso, President — Joan M Peloso — 1/27/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PELOSO, JOAN		1.2 NAME		
STREET ADDRESS	4732 NW 6 COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	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	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STANFORD, ROBIN		3.2 NAME		
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	D	☒ Change ☐ Addition
NAME	WIDENER, DAWN		4.2 NAME	Riordan, Mary Ann	
STREET ADDRESS	384 TRAVINO AVE.		4.3 STREET ADDRESS	5915 22 Ave, SW	
CITY-ST-ZIP	ST. AUGUSTINE FL		4.4 CITY-ST-ZIP	Naples, Fl 34116	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	GROSMAIRE, KATE		5.2 NAME	Cindy Hirsch	
STREET ADDRESS	3074 GOVERNORS COURT DRIVE		5.3 STREET ADDRESS	2801 NE 9 Ct	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	Pompano Beach, Fl 33062	
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SIMPSON, ELLEN		6.2 NAME		
STREET ADDRESS	2513 EDGEWOOD RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Joan M. Peloso — Joan M Peloso — 1/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0036553