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03-02-1999 90194 031 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742504

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/18/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1817194 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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	☐ 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	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SARISKY, CAROL		3.2 NAME		
STREET ADDRESS	2425 NW 36TH TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32065		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BERNING, CHRISTINA		4. 2 NAME		
STREET ADDRESS	1320 24TH ST, NE		4.3 STREET ADDRESS		
CITY-ST-ZIP	RUSKIN FL 33570		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HIRSCH, CINDY		5.2 NAME	Tracy Johnson	
STREET ADDRESS	2801 NE 9 CT		5.3 STREET ADDRESS	6906 Arabian Rd.	
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP	Odessa, FL 33556	
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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Joan M. Peloso PRESIDENT Joan M. Peloso 1/19/99 954-584-4164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #