2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State
02-01-2007 90018 042 ****61.25

DOCUMENT # 742504

1. Entity Name
LA LECHE LEAGUE OF FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
40 CATHERINE AVENUE BABSON PARK, FL 33827 US	40 CATHERINE AVENUE BABSON PARK, FL 33827 US

01282007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3898 Runnymede Rd	3898 Runnymede Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tallahassee FL	Tallahassee FL
City & State	City & State
32309-2936 US	32309-2936 US
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORRIS, JENNIFER 40 CATHERINE AVENUE BABSON PARK, FL 33827	Name: Robin Stanford Street Address (P.O. Box Number is Not Acceptable): 3898 Runnymede Road City: Tallahassee FL Zip Code: 32309-2936

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Robin H Stanford Robin H Stanford, AFC 1/28/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORRIS, JENNIFER 40 CATHERINE AVENUE BABSON PARK, FL 33827	☒ Delete	D Joan Peloso 4732 NW 6th Court Plantation, FL 33317	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V STANFORD, ROBIN 3898 RUNNYMEDE RD TALLAHASSEE, FL 32309	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SANDERS, JEN 9857 NW 136 DRIVE ALACHUA, FL 32615	☒ Delete	D Elaine Ziska 9234 Brindlewood Dr Odessa FL 33556	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERNING, CHRIS 3316 STAGECOACH TRAIL WIMAUMA, FL 33598	☐ Delete	P	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BONYATA, KELLY 147 31ST AVENUE NORTH ST PETERSBURG, FL 33704	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SIMPSON, ELLEN 2513 EDGEWOOD RD TAMPA, FL 33609	☐ Delete		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robin H Stanford Robin H. Stanford 1/28/07 8508935205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #