

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742504

FILED
Jan 14, 2009
Secretary of State

Entity Name: LA LECHE LEAGUE OF FLORIDA, INCORPORATED

Current Principal Place of Business:

3898 RUNNYMEDE RD
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

3898 RUNNYMEDE RD
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 59-1817194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANFORD, ROBIN
3898 RUNNYMEDE RD
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PELOSO, JOAN
Address: 4732 NW 6TH CT
City-St-Zip: PLANTATION, FL 33317

Title: V () Delete
Name: STANFORD, ROBIN
Address: 3898 RUNNYMEDE RD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: ZISKA, ELAINE
Address: 9234 BRINDELWOOD DR
City-St-Zip: ODESSA, FL 33556

Title: P () Delete
Name: BERNING, CHRIS
Address: 3316 STAGECOACH TRAIL
City-St-Zip: WIMAUMA, FL 33598

Title: D () Delete
Name: GIBEL, JUDITH
Address: 4475 N. JEFFERSON AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: JOHNSON, PAT
Address: 274 MAHNGANY BAY DRIVE
City-St-Zip: ST JOHNS, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KNIGHT, JENNIFER
Address: 687 ARTHUR MOORE DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN STANFORD

V

01/14/2009

Electronic Signature of Signing Officer or Director

Date