

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000000738

FILED
Mar 08, 2005
Secretary of State

Entity Name: BREASTFEEDING ADVOCACY NETWORK OF BROWARD COUNTY, FLORIDA, INC.

Current Principal Place of Business:

2049 N.W. 126TH AVENUE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

1591 NW 98TH WAY
PEMBROKE PINES, FL 33024

Current Mailing Address:

P O BOX 120461
SUITE 1
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

1591 NW 98TH WAY
PEMBROKE PINES, FL 33024 US

FEI Number: 65-0985096 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOFFREDO, STEPHEN K
9999 N.E. 2ND AVENUE
SUITE 216
MIAMI SHORES, FL 33138 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: STEPHEN LOFFREDO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENDRIX, PAM
Address: 6011 LOMBARD CT
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Delete
Name: KING, SUSAN
Address: 1600 S. ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: D (X) Delete
Name: CESAROTTI, MARIANNE
Address: 2049 N.W. 126TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T () Delete
Name: BECK, NADA A
Address: 1591 NW 98TH WAY
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAZZELLA DIBOSCO, PAM
Address: 11800
City-St-Zip: DAVIE, FL 33330

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

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

Title: T (X) Change () Addition
Name: BECK, NADA A
Address: 1591 NW 98TH WAY
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NADA A. BECK

T

03/08/2005

Electronic Signature of Signing Officer or Director

Date