

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004172

FILED
Feb 02, 2004
Secretary of State**Entity Name:** INFANTS AND YOUNG CHILDREN OF WEST CENTRAL FLORIDA, INC.**Current Principal Place of Business:**3825 HENDERSON BLVD.
601
TAMPA, FL 33629 US**New Principal Place of Business:**3825 HENDERSON BLVD.
504
TAMPA, FL 33629 US**Current Mailing Address:**PO BOX 82485
TAMPA, FL 336822485 US**New Mailing Address:****FEI Number:** 59-3675394 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GROSZ, PATRICIA L
3825 HENDERSON BLVD.
601
TAMPA, FL 33625 US**Name and Address of New Registered Agent:**GROSZ, PATRICIA L
3825 HENDERSON BLVD.
504
TAMPA, FL 33629 US

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: PATRICIA L. GROSZ

02/02/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** CPOD () Delete
Name: HOWZE, KATE
Address: 301 N. FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33802**Title:** DVOB () Delete
Name: FRAZE, DEBRA
Address: 4602-C ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603**Title:** DSOB () Delete
Name: FELDMAN, MARC H
Address: 3908 26TH ST. WEST
City-St-Zip: BRADENTON, FL 34205**Title:** DTOB () Delete
Name: HALL, JOHN
Address: PO BOX 1678
City-St-Zip: WAUCHULA, FL 33873**Title:** EDT () Delete
Name: GROSZ, PATRICIA L
Address: 3825 HENDERSON BLVD. SUITE 601
City-St-Zip: TAMPA, FL 33629**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CPOD (X) Change () Addition
Name: WHITE, DONELLE
Address: P.O. BOX 763
City-St-Zip: TAMPA, FL 33509**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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 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: PATRICIA L. GROSZ

EDT

02/02/2004

Electronic Signature of Signing Officer or Director

Date