

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004172

FILED  
Jan 13, 2005  
Secretary of State

**Entity Name:** INFANTS AND YOUNG CHILDREN OF WEST CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

3825 HENDERSON BLVD.  
504  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**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.  
504  
TAMPA, FL 33629 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: CPOD ( ) Delete  
Name: WHITE, DONELLE  
Address: P.O. BOX 763  
City-St-Zip: TAMPA, FL 33509

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

Title: DTOB (X) Change ( ) Addition  
Name: FRAZE, DEBRA  
Address: 4602-C ARMENIA AVENUE  
City-St-Zip: TAMPA, FL 33603

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

Title: DVOB (X) Change ( ) Addition  
Name: HALES, LINDA  
Address: 15316 PHILLIPS ROAD  
City-St-Zip: ODESSA, FL 33556

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

01/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date