

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004172

FILED
Jan 10, 2006
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: DTOB () 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: DVOB () Delete
Name: HALES, LINDA
Address: 15316 PHILLIPS ROAD
City-St-Zip: ODESSA, FL 33556

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

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

Title: DVOB (X) Change () Addition
Name: FORBES, NATHANIEL
Address: 1344 22ND STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: EDT (X) Change () Addition
Name: GROSZ, PATRICIA L
Address: 3825 HENDERSON BLVD. SUITE 504
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA L. GROSZ

EDT

01/10/2006

Electronic Signature of Signing Officer or Director

Date