

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004172

FILED
Jan 14, 2009
Secretary of State

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

Current Principal Place of Business:

1308 W. SLIGH AVE
TAMPA, FL 33604 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
1308 W. SLIGH AVE.
TAMPA, FL 33604 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: HALES, LINDA
Address: 15316 PHILLIPS ROAD
City-St-Zip: TAMPA, FL 33556

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

Title: DSOB () Delete
Name: BUTLER, SHAWNA
Address: 1021 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

Title: ALOB () Delete
Name: PEAD, PATRICIA
Address: 3106 W. AZEELE ST.
City-St-Zip: TAMPA, FL 33609

Title: EDT () Delete
Name: GROSZ, PATRICIA L
Address: 1308 W. SLIGH AVE.
City-St-Zip: TAMPA, FL 33604

Title: ALOB () Delete
Name: MCGERALD, DAVID
Address: 1002 E. PALM AVE.
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DTOB (X) Change () Addition
Name: BUTLER, SHAWNA
Address: 1021 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

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 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

01/14/2009

Electronic Signature of Signing Officer or Director

Date