

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007295

FILED
Apr 19, 2005
Secretary of State

Entity Name: INFANT AND CHILD NUTRITION, INC.

Current Principal Place of Business:

1948 NE 28 STREET
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

1948 NE 28 STREET
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-3683653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKS, BEVERLY A
1948 NE 28 STREET
OCALA, FL 34470 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: D () Delete
Name: WILKS, BEVERLY A
Address: 1948 NE 28 STREET
City-St-Zip: Ocala, FL 34470

Title: D () Delete
Name: PHILLIPS, BEN
Address: 12020 NW 165 ST
City-St-Zip: REDDICK, FL 32686

Title: D () Delete
Name: CARMEN, KRISTY
Address: 3109 NW 16 LANE
City-St-Zip: Ocala, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BEVERLY WILKS

DIR

04/19/2005

Electronic Signature of Signing Officer or Director

_____ Date