

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007295

FILED  
Mar 20, 2009  
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: T ( ) Delete  
Name: PHILLIPS, BEN  
Address: 12020 NW 165 ST  
City-St-Zip: REDDICK, FL 32686

Title: S ( ) 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: T (X) Change ( ) Addition  
Name: PHILLIPS, BEN  
Address: 6585 SW 64TH AVE  
City-St-Zip: Ocala, FL 34474

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: BEVERLY WILKS

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

MRS.

03/20/2009

\_\_\_\_\_  
Date