

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010524

FILED  
Mar 06, 2006  
Secretary of State

Entity Name: FLORIDA DOULA ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

12963 S. INDIAN RIVER DR.  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

12963 S. INDIAN RIVER DR.  
JENSEN BEACH, FL 34957

**New Mailing Address:**

FEI Number: 20-3770682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GONZOLES-PARISI, SANDRA  
12963 S. INDIAN RIVER DR.  
JENSEN BEACH, FL 34957 US

**Name and Address of New Registered Agent:**

GONZALEZ-PARISI, SANDRA  
12963 S. INDIAN RIVER DR.  
JENSEN BEACH, FL 34957 US

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: SANDRA GONZALEZ-PARISI

03/06/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CLARK, BERNADETTE  
Address: 4421 SW PALEY RD.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D ( ) Delete  
Name: GONZOLEZ-PARISI, SANDRA  
Address: 12963 S. INDIAN RIVER DR.  
City-St-Zip: JENSEN BEACH, FL 34957

Title: D ( ) Delete  
Name: WINCHELL, REGENA  
Address: 641 NE ZEBRINIA SENDA  
City-St-Zip: JENSEN BEACH, FL 34957

Title: D ( ) Delete  
Name: PIERCE, JACK  
Address: 8800 OKEECHOBEE RD. #45  
City-St-Zip: FT. PIERCE, FL 34945

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: GONZALEZ-PARISI, SANDRA  
Address: 12963 S. INDIAN RIVER DR.  
City-St-Zip: JENSEN BEACH, FL 34957

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 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: SANDRA GONZALEZ-PARISI

RA

03/06/2006

Electronic Signature of Signing Officer or Director

Date