

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000012211

**FILED**  
**Oct 13, 2008**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA BREASTFEEDING AND PARENTING CENTER INC.

**Current Principal Place of Business:**

1899 VALLEYWOOD WAY  
LAKE MARY, FL 32746

**New Principal Place of Business:**

290 WAYMONT CT  
SUITE 110  
LAKE MARY, FL 32746

**Current Mailing Address:**

1899 VALLEYWOOD WAY  
LAKE MARY, FL 32746

**New Mailing Address:**

290 WAYMONT CT  
SUITE 110  
LAKE MARY, FL 32746

**FEI Number:** 20-5908379      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KEARNEY BROWN, DEBRA  
1899 VALLEYWOOD WAY  
LAKE MARY, FL 32746      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:** DEBRA KEARNEY BROWN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P      ( ) Delete  
**Name:** KEARNEY BROWN, DEBRA  
**Address:** 1899 VALLEYWOOD WAY  
**City-St-Zip:** LAKE MARY, FL 32746

**Title:** S      ( ) Delete  
**Name:** BELL, KAREN W  
**Address:** 100 THORNBERRY DR  
**City-St-Zip:** CASSELBERRY, FL 32707

**Title:** T      ( ) Delete  
**Name:** KOERNER, CYNTHIA  
**Address:** VIBURNUM AVE  
**City-St-Zip:** WINTER PRK, FL 32792

**Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**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:**

**Title:** D      ( ) Change (X) Addition  
**Name:** WILHELM, JUDY  
**Address:** 6902 OAK GLENN CT  
**City-St-Zip:** SANFORD, FL 32771

**Title:** D      ( ) Change (X) Addition  
**Name:** ALEE, NATOYA  
**Address:** 5860 EGRET DR  
**City-St-Zip:** SANFORD, FL 32773

**Title:** D      ( ) Change (X) Addition  
**Name:** OXBOROUGH, BETH  
**Address:** 307 BENT WAY LN  
**City-St-Zip:** LAKE MARY, FL 32746

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:** DEBRA KEARNEY BROWN

P

10/13/2008

Electronic Signature of Signing Officer or Director

Date