2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# N06000012211

Entity Name: CENTRAL FLORIDA BREASTFEEDING AND PARENTING CENTER INC.

Current Principal Place of Business:

290 WAYMONT CT
SUITE 110
LAKE MARY, FL 32746

New Principal Place of Business:

1899 VALLEYWOOD WAY
LAKE MARY, FL 32746

Current Mailing Address:

290 WAYMONT CT
SUITE 110
LAKE MARY, FL 32746

New Mailing Address:

P.O. BOX 953924
LAKE MARY, FL 32795

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: _____

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: D ( ) Delete
Name: WILHELM, JUDY
Address: 6902 OAK GLENN CT
City-St-Zip: SANFORD, FL 32771

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: MARTINEZ, VERONICA
Address: 326 BELVEDERE WAY
City-St-Zip: SANFORD, FL 32771

Title: T (X) Change ( ) Addition
Name: MERRICK, YENABEL
Address: 406 CINNAMON OAKS COURT
City-St-Zip: LAKE MARY, FL 32746

Title: M (X) Change ( ) Addition
Name: HAGAN, MIRANDA
Address: 1810 RETREAT VIEW CIRCLE
City-St-Zip: SANFORD, FL 32771

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

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: DEBRA KEARNEY BROWN P 06/29/2009

Electronic Signature of Signing Officer or Director — Date