2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012211

FILED Feb 16, 2010 Secretary of State

Entity Name: CENTRAL FLORIDA BREASTFEEDING AND PARENTING CENTER INC.

Current Principal Place of Business: New Principal Place of Business:

1899 VALLEYWOOD WAY LAKE MARY, FL 32746

Current Mailing Address: 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 ()

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

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

Electronic Signature of Registered Agent Date

Electronic Signature of Registered Ager

OFFICERS AND DIRECTORS:

Title: F

Name: KEARNEY BROWN, DEBRA Address: 1899 VALLEYWOOD WAY City-St-Zip: LAKE MARY, FL 32746

Title: S

Name: MARTINEZ, VERONICA Address: 326 BELVEDERE WAY City-St-Zip: SANFORD, FL 32771

Title:

 Name:
 MERRICK, YENABEL

 Address:
 406 CINNAMON OAKS COURT

 City-St-Zip:
 LAKE MARY, FL 32746

Title: M

Name: HAGAN, MIRANDA

Address: 1810 RETREAT VIEW CIRCLE

City-St-Zip: SANFORD, FL 32771

Title: N

Name: OXBOROUGH, BETH Address: 307 BENT WAY LANE City-St-Zip: LAKE MARY, FL 32746

I hereby 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 all other like empowered.

SIGNATURE: DEBRA KEARNEY BROWN DIR 02/16/2010