

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008392

FILED
Jul 15, 2008
Secretary of State

Entity Name: THE FOUNDATION FOR A BREASTFEEDING CULTURE INC

Current Principal Place of Business:

19751 SW 84TH AVE
MIAMI, FL 33189

New Principal Place of Business:

Current Mailing Address:

19751 SW 84TH AVE
MIAMI, FL 33189

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

RAY, LEONA J
4321 NW 7TH STREET
PLANTATION, FL 33317 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROMAN, MIREYA P
Address: 8830 SW 123 CT APT I-402
City-St-Zip: MIAMI, FL 33186

Title: V () Delete
Name: AGOSTINHO, HEIDI C
Address: 19751 SW 84TH AVE
City-St-Zip: MIAMI, FL 33189

Title: T () Delete
Name: ROIG-ROMERO, REGINA
Address: 2841 SW 102 LANE
City-St-Zip: MIAMI, FL 33156

Title: S () Delete
Name: MUNOZ, SARAH V
Address: 20703 SW 103RD AVE
City-St-Zip: MIAMI, FL 33189

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: () 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: HEIDI AGOSTINHO

V

07/15/2008

Electronic Signature of Signing Officer or Director

Date