

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90034 028 \*\*\*\*70.00

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # N07000008630</b><br>1. Entity Name<br><b>THE WHOLE CHILD CONNECTION, INC.</b>  |   |  |   |                           |  |
| Principal Place of Business<br><b>2030 SE OCEAN BLVD<br/>STUART, FL 34996</b>  |   |  | Mailing Address<br><b>2030 SE OCEAN BLVD<br/>STUART, FL 34996</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>2030 SE Ocean Blvd.</b>   |   | 3. Mailing Address<br>   |   |  |  |
| Suite, Apt. #, etc.<br>  |   | Suite, Apt. #, etc.<br>  |   |  |  |
| City & State<br><b>Stuart, FL</b>  |   | City & State<br>   |   | 4. FEI Number<br><b>51-0647845</b>   |  |
| Zip<br><b>34996</b>  |   | Country<br><b>USA</b>  |   | Zip<br>  |  |
| Country<br>  |   | Country<br>  |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>KING, NICOLE<br/>2030 SE OCEAN BLVD.<br/>STUART, FL 34996</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>  |  |
| Name<br>   |   |  |   |  |  |
| Street Address (P.O. Box Number is Not Acceptable)<br>   |   |  |   |  |  |
|  |   |  |   |  |  |
| City<br>   |   |  |   | <b>FL</b> Zip Code<br>   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br>  |   |  |   |  |  |
| SIGNATURE <u>Nicole King, Nicole King, Exec. Director 3/4/08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |   |  |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>      |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Chair<br/>Kathy Caricchioli<br/>815 Colorado Ave.<br/>Stuart, FL 34994</b> <input type="checkbox"/> Delete         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Vice-Chair<br/>Thelma Washington<br/>601 SE Lake St.<br/>Stuart, FL 34994</b> <input type="checkbox"/> Delete      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Treasurer<br/>Anita Block<br/>33 SW Flagler Ave.<br/>Stuart, FL 34994</b> <input type="checkbox"/> Delete          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Secretary<br/>Dawn Mitchell<br/>43 SW Monterey Rd<br/>Stuart, FL 34994</b> <input type="checkbox"/> Delete         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Member<br/>Gloria Friedman<br/>2401 SE Monterey Rd<br/>Stuart, FL 34996</b> <input type="checkbox"/> Delete        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Member<br/>Maryellen Quinn-Lunny<br/>500 East Ocean Blvd.<br/>Stuart, FL 34994</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |   |  |  |
| SIGNATURE: <u>Nicole King, Nicole King, Exec. Dir 3/4/08</u> <span style="float: right;">772-781-6320</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  |   |  |  |