## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000008630

FILED Jan 19, 2010 Secretary of State

Entity Name: THE WHOLE CHILD CONNECTION, INC.

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

 2030 SE OCEAN BLVD
 2026 SE OCEAN BLVD

 STUART, FL 34996
 STUART, FL 34996

Current Mailing Address: New Mailing Address:

PO BOX 2187 STUART, FL 34995

FEI Number: 51-0647845 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

KING, NICOLE
2030 SE OCEAN BLVD.
STUART, FL 34996 US

KING, NICOLE
2026 SE OCEAN BLVD.
STUART, FL 34996 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: 01/19/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: C

Name: CARICCHIOLI, KATHY Address: 815 COLORADO AVE City-St-Zip: STUART, FL 34994

Title: VC

Name: DELANCY, ROBERT
Address: 508 MLK, JR. BOULEVARD
City-St-Zip: STUART, FL 34994

Title: T

 Name:
 BROCK, ANITA

 Address:
 33 SW FLAGLER AVE.

 City-St-Zip:
 STUART, FL 34994

Title: M

Name: HASTINGS, WILLIAM

Address: 615 SW ST. LUCIE CRESCENT

City-St-Zip: STUART, FL 34994

Title: M

 Name:
 LANDRY, BONNIE

 Address:
 2401 SE MONTEREY RD

 City-St-Zip:
 STUART, FL 34996

Title: N

Name: KOEBE, ANN B

Address: 500 EAST OCEAN BLVD.; BLDG. 19

City-St-Zip: STUART, FL 34994

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: NICOLE KING ED 01/19/2010