

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008630

FILED
Feb 09, 2012
Secretary of State

Entity Name: THE WHOLE CHILD CONNECTION, INC.

Current Principal Place of Business:

2026 SE OCEAN BLVD
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

PO BOX 2187
STUART, FL 34995

New Mailing Address:

FEI Number: 51-0647845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KING, NICOLE
2026 SE OCEAN BLVD.
STUART, FL 34996 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: C
Name: CARICCHIOLI, KATHY
Address: 815 COLORADO AVE
City-St-Zip: STUART, FL 34994

Title: VC
Name: HASTINGS, CHAD
Address: 614 SW ST. LUCIE CRESCENT, #10
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: MARDER, HOWARD
Address: 500 E. OCEAN BLVD
City-St-Zip: STUART, FL 34994

Title: S
Name: STIGER, SANDRA
Address: 43 SE OCEAN BLVD
City-St-Zip: STUART, FL 34994

Title: M
Name: COSTA, BARBARA
Address: 800 SE MONTEREY ROAD,
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

02/09/2012

Electronic Signature of Signing Officer or Director

Date