# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 21, 2009**
**Secretary of State**

DOCUMENT# N08000003931

**Entity Name:** FLORIDA BREASTFEEDING COALITION INC

**Current Principal Place of Business:**

1851 OLD RIVER TRAIL
CHULUOTA, FL 32766

**New Principal Place of Business:**

210 LOOKOUT PLACE
MAITLAND, FL 32751

**Current Mailing Address:**

1851 OLD RIVER TRAIL
CHULUOTA, FL 32766

**New Mailing Address:**

210 LOOKOUT PLACE
MAITLAND, FL 32751

**FEI Number: 26-2440933** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LINDSEY, PATRICIA
1851 OLD RIVER TRAIL
CHULUOTA, FL 32766 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: P ( ) Delete
Name: LINDSEY, PATRICIA
Address: 1851 OLD RIVER TRAIL
City-St-Zip: CHULUOTA, FL 32766

Title: VP ( ) Delete
Name: BECKER, MARY
Address: 1298 ALADDIN RD.
City-St-Zip: SPRING HILL, FL 34609

Title: T ( ) Delete
Name: GILLESPIE, CATHY
Address: 2022 SUNSET ROAD
City-St-Zip: MT. DORA, FL 32757

Title: S ( ) Delete
Name: VEATCH, DIANE
Address: 614 SHADY NOOK DRIVE
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MEEK, JOAN
Address: 86 W. UNDERWOOD
City-St-Zip: ORLANDO, FL 32806

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: PATRICIA LINDSEY P 01/21/2009

Electronic Signature of Signing Officer or Director — Date