

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010094

FILED  
Jun 28, 2009  
Secretary of State

**Entity Name:** FLORIDA LACTATION CONSULTANT ASSOCIATION, INC.

**Current Principal Place of Business:**

154 WINGHURST BOULEVARD  
ORLANDO, FL 32828

**New Principal Place of Business:**

154 WINGHURST BOULEVARD  
ORLANDO, FL 32828

**Current Mailing Address:**

154 WINGHURST BOULEVARD  
ORLANDO, FL 32828

**New Mailing Address:**

154 WINGHURST BOULEVARD  
ORLANDO, FL 32828

**FEI Number:** 94-3463926      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

LEARY, ANNETTE  
154 WINGHURST BOULEVARD  
ORLANDO, FL 32828 US

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

LEARY, ANNETTE  
154 WINGHURST BOULEVARD  
ORLANDO, FL 32828 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: \_\_\_\_\_

06/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALEXANDROU, SHANNON  
Address: 2431 ANTILIA DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: PD ( ) Delete  
Name: LEARY, ANNETTE  
Address: 154 WINGHURST BOULEVARD  
City-St-Zip: ORLANDO, FL 32828

Title: TD ( ) Delete  
Name: GOLDBERG, LINDA  
Address: 1226 CHETAH TRAIL  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD ( ) Delete  
Name: SIMPSON, ELLEN  
Address: 2835 BAYSHORE TRAILS DR  
City-St-Zip: TAMPA, FL 33611

Title: DS ( ) Delete  
Name: BUSKOHL, MARY  
Address: 483 HILLSIDE DRIVE  
City-St-Zip: ORANGE PARK, FL 32073

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

Title: PD (X) Change ( ) Addition  
Name: HAYCOOK, LORETTA  
Address: 912 OCEAN FRONT  
City-St-Zip: NEPTUNE BCH, FL 32266

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: SD (X) Change ( ) Addition  
Name: BUSKOHL, MARY  
Address: 483 HILLSIDE DRIVE  
City-St-Zip: ORANGE PARK, FL 32073

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: ANNETTE LEARY

PD

06/28/2009

Electronic Signature of Signing Officer or Director

Date