2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2012
Secretary of State

DOCUMENT# N09000012211

Entity Name: BREASTFEEDING COALITION OF BROWARD COUNTY INC

Current Principal Place of Business:

4987 NORTH UNIVERSITY DRIVE
16B
LAUDERHILL,, FL 33315

New Principal Place of Business:

4987 NORTH UNIVERSITY DRIVE
16B
LAUDERHILL,, FL 33351

Current Mailing Address:

4987 NORTH UNIVERSITY DRIVE
16B
LAUDERHILL,, FL 33315

New Mailing Address:

4987 NORTH UNIVERSITY DRIVE
16B
LAUDERHILL,, FL 33351

FEI Number: 01-0941662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SINGLETON, ESTHER M
1051 ATKINSON AVE
FORT LAUDERDALE, FL 33312 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
Name: MARCH, GUSTARVES J JON
Address: 1051 ATKINSON AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: PV
Name: MARCH, TIM R
Address: 1051 ATKINSON AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D
Name: SINGLETON, ESTHER M D
Address: 1051 ATKINSON AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

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: ESTHER M SINGLETON D 04/22/2012

Electronic Signature of Signing Officer or Director — Date