## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N10000001153

FILED Apr 29, 2011 Secretary of State

Entity Name: EMERALD COAST ALLIANCE FOR BREASTFEEDING SUPPORT, INC.

**Current Principal Place of Business:** 

New Principal Place of Business:

C/O JEN WOWK-WARD ECHD, WIC & NUTRITION

5527 STEWART ST

1295 W. FAIRFIELD DRIVE PENSACOLA, FL 32501

MILTON, FL 32572

**Current Mailing Address:** 

New Mailing Address:

C/O JEN WOWK-WARD ECHD, WIC & NUTRITION 1295 W. FAIRFIELD DRIVE

ECABS C/O JEN WOWK-WARD PO BOX 11642

PENSACOLA, FL 32501

PENSACOLA, FL 32524 US

FEI Number: 27-1304523

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C/O JEN WOWK-WARD SRCHD, WIC & NUTRITION

YODER, RONDA E 1921 E. NINE MILE RD.

US PENSACOLA, FL 32514

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

FEI Number Applied For ( )

Date

## **OFFICERS AND DIRECTORS:**

YODER, RONDA E Name: Address: 1245 LANGLEY AVE. City-St-Zip: PENSACOLA, FL 32504 US

Title:

Name: WOWK-WARD, JENNIFER L

Address: 607 E LA RUA ST

City-St-Zip: PENSACOLA, FL 325014018 US

Title:

MAXWELL, DONNA M Name: Address: 3537 BERRYHILL RD City-St-Zip: PACE, FL 32571 US

Title: VΡ

Name: POSEY-GOODWIN, PATRICIA 5855 KEYSTONE RD Address: City-St-Zip: PENSACOLA, FL 32504

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.

Ρ SIGNATURE: RONDA YODER 04/29/2011