

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006485

FILED
Apr 24, 2012
Secretary of State

Entity Name: THE BREASTFEEDING PROJECT INCORPORATED

Current Principal Place of Business:

533 BIRGHAM PLACE
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

PO BOX 916520
LONGWOOD, FL 32791

New Mailing Address:

533 BIRGHAM PLACE
LAKE MARY, FL 32746

FEI Number: 45-1630554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, SHANNON
533 BIRGHAM PLACE
LAKE MARY, FL 32746 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: EC
Name: BOSSORY, CHELSEA
Address: 607 O'SHEA COURT
City-St-Zip: APOPKA, FL 32712

Title: PC
Name: CARTER, SHANNON
Address: 533 BIRGHAM PLACE
City-St-Zip: LAKE MARY, FL 32746

Title: FC
Name: ANDRIOLA, KAREN
Address: 1203 16TH STREET
City-St-Zip: EDGEWATER, FL 32132

Title: MC
Name: ROBINS-BOWLING, NICHOLE
Address: 196 SANFORD AVE
City-St-Zip: DEBARY, FL 32713

Title: ADC
Name: MITCHELL, SHAWNA
Address: 1058 OLD SOUTH LANE
City-St-Zip: APOPKA, FL 32712

Title: AC
Name: URBINA, DONNA
Address: 276 CAMBRIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32779

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: KAREN ANDRIOLA

FC

04/24/2012

Electronic Signature of Signing Officer or Director

Date