

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 AM 8:35

DOCUMENT # N49008 (8)

1. Corporation Name

FLORIDA ASSOCIATION OF LOCAL WIC AND NUTRITION DIRECTORS, INC.

Principal Place of Business

Mailing Address

NCF - WIC PROJECT / JANET ALLEN
15 SE 1ST AVE., SUITE A
GAINESVILLE FL 32601

NCF - WIC PROJECT / JANET ALLEN
15 SE 1ST AVE., SUITE A
GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1992

3a. Date of Last Report

02/08/1994

4. FEI Number

59-3137144

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, JANET, R.D.
NCF - WIC PROJECT
15 SE 1ST AVE., SUITE A
GAINESVILLE FL 32601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PCD

NAME

ALLEN, JANET

STREET ADDRESS

15 SE 1ST AVE.

CITY - ST - ZIP

GAINESVILLE FL 32601

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

STD

NAME

FREEMAN, CYNTHIA

STREET ADDRESS

1403 ALFRED ST., APT. 104

CITY - ST - ZIP

TAVARES FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

D

NAME

WEST, DENISE

STREET ADDRESS

1350 N.W. 14TH ST.

CITY - ST - ZIP

MIAMI FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

ROSENBLUM, MARK

STREET ADDRESS

15340 SW 86TH AVE.

CITY - ST - ZIP

MIAMI FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

D

NAME

BARTOSCK, CYNTHIA

STREET ADDRESS

901 EVERNIA STREET

CITY - ST - ZIP

WEST PALM BEACH FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

D

NAME

PATTERSON, GEORGIA

STREET ADDRESS

DR. LA SOLLE LEFALL DRIVE

CITY - ST - ZIP

QUINCY FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Janet Allen Janet Allen

1/30/95

904 392-4493

PRINTED NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number