FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N49008 (8)

1. Corporation Name

FLORIDA ASSOCIATION OF LOCAL WIC AND NUTRITION D IRECTORS, 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

3. Date Incorporated or Qualified: 05/20/1992
3a. Date of Last Report: 02/02/1995

2. Principal Place of Business	2a. Mailing Address
21 ECPHU-WIC Project/L. Mills	26 ECPHU-WIC Project/L. Mills
Suite, Apt. #, etc. 22 1295 W. Fairfield Dr.	Suite, Apt. #, etc. 27 P.O. Box 12604
City & State 23 Pensacola Florida	City & State 28 Pensacola Florida
Zip / Country 24 32501 / 25 Escambia	Zip / Country 29 32574 / 30 Escambia

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Mills, Linda, M.S.,R.D.,L.D.
82 Street Address (P.O. Box Number is Not Acceptable): ECPHU - WIC Project
83 1295 W. Fairfield Drive
84 City: Pensacola **FL** 85 Zip Code: 32501

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Linda Mills — 3/11/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☒ DELETE	11 TITLE	PCD	☒ Change ☐ Addition
NAME	ALLEN, JANET		12 NAME	Mills, Linda	
STREET ADDRESS	15 SE 1ST AVE.		13 STREET ADDRESS	1295 W. Fairfield Drive	
CITY-ST-ZIP	GAINESVILLE FL 32601		14 CITY-ST-ZIP	Pensacola Florida 32501	
TITLE	SD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, CYNTHIA		22 NAME		
STREET ADDRESS	1403 ALFRED ST., APT, 104		23 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	WEST, DENISE		32 NAME		
STREET ADDRESS	1350 N.W. 14TH ST.		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP		
TITLE	D	☒ DELETE	41 TITLE	L	☒ Change ☐ Addition
NAME	KALISZ, KAREN		42 NAME	Allen, Janet	
STREET ADDRESS	3290 MICHIGAN AVE		43 STREET ADDRESS	15 SE 1st Ave	
CITY-ST-ZIP	FT MYERS FL		44 CITY-ST-ZIP	Gainesville Florida 32601	
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	BARTOSEK, CYNTHIA		52 NAME		
STREET ADDRESS	901 EVERNIA STREET		53 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		54 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	61 TITLE		☒ Change ☐ Addition
NAME	PATTERSON, GEORGIA		62 NAME	Logan, Renee'	
STREET ADDRESS	HOSPITAL DRIVE		63 STREET ADDRESS	2801 Kennedy Street	
CITY-ST-ZIP	QUINCY FL		64 CITY-ST-ZIP	Palatka Florida 32177	

CR2E037 (12/95)

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda Mills LINDA M. ILLS 3/11/96 (904) 435-6591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #