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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49008**

1. Corporation Name
FLORIDA ASSOCIATION OF LOCAL WIC AND NUTRITION D IRECTORS, INC.

Principal Place of Business	Mailing Address
ECHD-WIC/L.MILLS 1295 W FAIRFIELD DR PENSACOLA FL 32501 US	ECHD-WIC/L.MILLS 1295 W FAIRFIELD DR PENSACOLA FL 32501 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/20/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3137144 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MILLS, LINDA
ESCAMBIA COUNTY WIC PROJECT
1295 W FAIRFIELD DR
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLS, LINDA		1.2 NAME	
STREET ADDRESS	1295 W FAIRFIELD DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GIDDEN, KAREN		2.2 NAME	
STREET ADDRESS	300 S. MAIN STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34601		2. 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HITSON, MARY ANNE		3.2 NAME	
STREET ADDRESS	1801 SE 32ND AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34478		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, VICKY		4. 2 NAME	
STREET ADDRESS	1444 BISCAYNE BLVD., STE 250		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MAYS, SHARON		5.2 NAME	
STREET ADDRESS	514 E. GRACE STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	Freeman, Cindy		6.2 NAME	
STREET ADDRESS	416 W. Main Street		6.3 STREET ADDRESS	
CITY-ST-ZIP	Tavares Fl 32778		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: LINDA MILLS RE REQUIRED Linda Mills 1/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #