2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49008

1. Entity Name

FLORIDA ASSOCIATION OF LOCAL WIC AND NUTRITION D

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90154 044 ****61.25

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 32501-1107 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
MCHD-WIC/L.BOWZER 620 SOUTH DIXIE HIGHWAY STUART, FL 34664 US	MCHD-WIC/L.BOWZER 620 SOUTH DIXIE HIGHWAY STUART, FL 34664 US

4. FEI Number 59-3137144 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLS, LINDA ESCAMBIA COUNTY WIC PROJECT 1295 W FAIRFIELD DR PENSACOLA FL 32501	BOWZER, LEAH MARTIN COUNTY WIC PROJECT 620 SOUTH DIXIE HIGHWAY STUART, FL 34994

'L Zip Code

8. 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 Leah Bowzer 3/29/00

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD MILLS, LINDA 1295 W FAIRFIELD DR PENSACOLA FL 32501	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD BOWZER, LEAH 620 SOUTH DIXIE HIGHWAY STUART, FL 34994	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GIDDEN, KAREN 300 S. MAIN STREET BROOKSVILLE FL 34601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HITSON, MARY ANNE 1801 SE 32ND AVE OCALA FL 34478	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMOEDO, DEBRA PO BOX 3187 ORLANDO, FL 32802-3187	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINEZ, VICKY 1444 BISCAYNE BLVD., STE 250 MIAMI FL 33132	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KISTLER, SUSAN 1290 GOLFVIEW AVE., 4TH FLR BARTOW, FL 33830-6740	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYS, SHARON 514 E. GRACE STREET PUNTA GORDA FL 33950	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FREEMAN, CINDY 416 W. MAIN STREET TAVARES FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leah Bowzer LEAH BOWZER 3/29/00 (561)221-4986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #