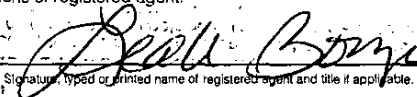
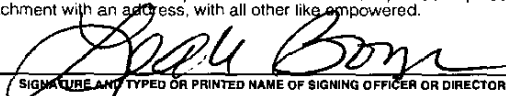


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90038 004 ****61.25

DOCUMENT # N49008 1. Entity Name THE FLORIDA WIC ASSOCIATION, INC.					
Principal Place of Business MCHD-WIC/L. BOWZER 620 SOUTH DIXIE HIGHWAY STUART, FL 34664 US			Mailing Address MCHD-WIC/L. BOWZER 620 SOUTH DIXIE HIGHWAY STUART, FL 34664 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
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 BOWZER, LEAH MARTIN COUNTY WIC PROJECT 620 S DIXIE HIGHWAY STUART, FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  DATE: 2/18/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	BOWZER, LEAH		STREET ADDRESS		
CITY-ST-ZIP	620 S DIXIE HIGHWAY		CITY-ST-ZIP		
	STUART, FL 34994				
TITLE	D	☒ Delete	TITLE	Clara Lawhead	☐ Change ☒ Addition
STREET ADDRESS	AMOEDO, DEBRA		STREET ADDRESS	10841 Little Road	
CITY-ST-ZIP	PO BOX 3187		CITY-ST-ZIP	New Port Richey, FL 34654-0533	
	ORLANDO, FL 328023187				
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS	KISTLER, SUSAN		STREET ADDRESS		
CITY-ST-ZIP	1290 GOLFVIEW AVE 4TH FLOOR		CITY-ST-ZIP		
	BARTOW, FL 338306740				
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS	FREEMAN, CINDY		STREET ADDRESS		
CITY-ST-ZIP	416 W. MAIN STREET		CITY-ST-ZIP		
	TAVARES, FL 32778				
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS	MILLS, LINDA		STREET ADDRESS		
CITY-ST-ZIP	1295 W. FAIRFIELD DR.		CITY-ST-ZIP		
	PENSACOLA, FL 32501				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  DATE: 2/18/04 DAYTIME PHONE #: (772) 221-4000 x2159 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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02182004 Chg-NP CR2E037 (10/03)