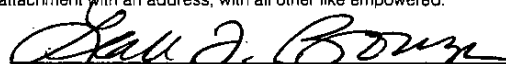


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90173 046 ****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 3441 SE Willoughby Blvd Suite, Apt. #, etc.		3. Mailing Address 3441 SE Willoughby Blvd. Suite, Apt. #, etc.			
City & State Stuart FL		City & State Stuart FL		4. FEI Number 59-3137144	
Zip 34994		Country		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) 3441 SE Willoughby Blvd City STUART FL Zip Code 34994	
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 2/4/05 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, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BOWZER, LEAH 620 S DIXIE HIGHWAY STUART, FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BOWZER, LEAH 3441 SE Willoughby Blvd STUART FL 34994	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWHEAD, CLARA 10841 LITTLE RD. NEW PORT RICHEY, FL 346542533	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISTLER, SUSAN 1290 GOLFVIEW AVE 4TH FLOOR BARTOW, FL 338306740	☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLS, LINDA 1295 W. FAIRFIELD DR. PENSACOLA, FL 32501	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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 2/4/05 Daytime Phone # (772) 221-4000 X2159		