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	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

2. Principal Place of Business	3. Mailing Address
3441 SE Willoughby Blvd	3441 SE Willoughby Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart FL	City & State: Stuart FL
Zip: 34994 Country	Zip: 34994 Country

02012005 Chg-NP CR2E037 (10/03)

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
BOWZER, LEAH MARTIN COUNTY WIC PROJECT ~~620 S DIXIE HIGHWAY~~ STUART, FL 34994	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: Leah J. Bowzer 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 J. Bowzer 2/4/05 (772)221-4000 X2159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #