

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N49008

Entity Name: THE FLORIDA WIC ASSOCIATION, INC.

Current Principal Place of Business:

MCHD-WIC/L. BOWZER
3441 SE WILLOUGHBY BLVD
STUART, FL 34664 US

Current Mailing Address:

MCHD-WIC/L. BOWZER
3441 SE WILLOUGHBY BLVD
STUART, FL 34664 US

FEI Number: 59-3137144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

MCHD-WIC/L. BOWZER
3441 SE WILLOUGHBY BLVD
STUART, FL 34994 US

New Mailing Address:

MCHD-WIC/L. BOWZER
3441 SE WILLOUGHBY BLVD
STUART, FL 34994 US

Name and Address of Current Registered Agent:

BOWZER, LEAH
MARTIN COUNTY WIC PROJECT
3441 SE WILLOUGHBY BLVD
STUART, FL 34994 US

Name and Address of New Registered Agent:

BOWZER, LEAH
MARTIN COUNTY HEALTH DEPT
3441 SE WILLOUGHBY BLVD
STUART, FL 34994 US

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:

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: BOWZER, LEAH
Address: 3441 SE WILLOUGHBY BLVD
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: LAWHEAD, CLARA
Address: 10841 LITTLE RD.
City-St-Zip: NEW PORT RICHEY, FL 346542533

Title: D () Delete
Name: KISTLER, SUSAN
Address: 1290 GOLFFVIEW AVE 4TH FLOOR
City-St-Zip: BARTOW, FL 338306740

Title: S () Delete
Name: FREEMAN, CINDY
Address: 416 W. MAIN STREET
City-St-Zip: TAVARES, FL 32778

Title: TD () Delete
Name: MILLS, LINDA
Address: 1295 W. FAIRFIELD DR.
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: HENNINGER, CLAIRE
Address: 597 W. 11TH STREET
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEAH BOWZER

PCD

04/27/2006

Electronic Signature of Signing Officer or Director

Date