

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
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 34994 US

New Principal Place of Business:

Current Mailing Address:

FLORIDA WIC ASSOCIATION INC
PO BOX 1864
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-3137144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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 GOLFWIEW 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: HENNINGER, CLAIRE
Address: 597 W. 11TH STREET
City-St-Zip: PANAMA CITY, FL 32401

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

I hereby certify that the information supplied with this filing does not qualify 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

02/03/2009

Electronic Signature of Signing Officer or Director

_____ Date