

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49008

FILED  
Jan 05, 2012  
Secretary of State

**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  
Name: BOWZER, LEAH  
Address: 3441 SE WILLOUGHBY BLVD  
City-St-Zip: STUART, FL 34994

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LEAH BOWZER

PCD

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date