

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90072 041 ****61.25

DOCUMENT # N49008

1. Entity Name

FLORIDA ASSOCIATION OF LOCAL WIC AND NUTRITION DIRECTORS, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**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)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

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	TD GIDDEN, KAREN 300 S. MAIN STREET BROOKSVILLE FL 34601	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMOEDO, DEBRA PO BOX 3187 ORLANDO FL 32802-3187	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISTLER, SUSAN 1290. GOLFVIEW AVE 4TH FLOOR BARTOW FL 33830-6740	☐ Delete
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		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Linda Mills 1295 W. Fairfield Dr. Pensacola, FL 32501	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 **REQUIRED**

5 Feb 03 (772) 221-4986

CR2E037 (10/02)