

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90023 031 ****61.25

DOCUMENT # N98000003618

1. Corporation Name

LEE COUNTY BREASTFEEDING TASK FORCE, INC.

Principal Place of Business

C/O LEE COUNTY HEALTH DEPARTMENT
2951 PALM BEACH
FORT MYERS FL 33916

Mailing Address

C/O LEE COUNTY HEALTH DEPARTMENT
2951 PALM BEACH
FORT MYERS FL 33916

598520 - 90023 - 31



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Fort Myers, FL

29

33919

30

USA

3. Date Incorporated or Qualified

06/19/1998

4. FEI Number

65-0923394

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MILLER, JANICE M
C/O LEE COUNTY HEALTH DEPARTMENT
2951 PALM BEACH
FORT MYERS FL 33916

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Janice M. Miller

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/99

12. OFFICERS AND DIRECTORS

1.1 TITLE

☐ DELETE

NAME

VERTICH, TOM
1400 COLONIAL BOULEVARD #255
FORT MYERS FL 33907

CITY-ST-ZIP

1.2 NAME

PECK, JEFFERY D.C.

STREET ADDRESS

12720 CHARDON COURT

CITY-ST-ZIP

FORT MYERS FL 33912

1.3 STREET ADDRESS

6306 CORPORATE COURT S.W.

CITY-ST-ZIP

FORT MYERS FL 33919

1.4 CITY-ST-ZIP

1833 HENDRY STREET

NAME

SNELL, MARY V

STREET ADDRESS

1833 HENDRY STREET

CITY-ST-ZIP

FORT MYERS FL 33901

1.5 CITY-ST-ZIP

2951 PALM BEACH

NAME

MILLER, JANICE

STREET ADDRESS

2951 PALM BEACH

CITY-ST-ZIP

FORT MYERS FL 33916

1.6 CITY-ST-ZIP

POST OFFICE BOX 2218

NAME

VERTICH, VICKI

STREET ADDRESS

POST OFFICE BOX 2218

CITY-ST-ZIP

FORT MYERS FL 33902

1.7 CITY-ST-ZIP

1.8 CITY-ST-ZIP

1.9 CITY-ST-ZIP

1.10 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7/15/99

338-2341 (94)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

0008533