

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49008

Entity Name: THE FLORIDA WIC ASSOCIATION, INC.

Current Principal Place of Business:

MAGDALENE CHRULSKI
2400 S. OCEAN DRIVE, #2349
FT PIERCE, FL 34949

Current Mailing Address:

FLORIDA WIC ASSOCIATION INC
PO BOX 950460
LAKE MARY, FL 32795-0460 US

FEI Number: 59-3137144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHRULSKI, MAGDALENE
2400 S OCEAN DR
#2349
FT PIERCE, FL 34949 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name CHRULSKI, MAGDALENE
Address 2400 S OCEAN DR #2349
City-State-Zip: FT PIERCE FL 34949

Title TREASURER, DIRECTOR
Name MULLIGAN, SUSAN
Address 1433 CRAWFORD DR
City-State-Zip: APOPKA FL 32703

Title SECRETARY, DIRECTOR
Name WATSON, BONNIE
Address 6133 9TH AVENUE
City-State-Zip: NEW PORT RICHEY FL 34653

Title DIRECTOR
Name GROVER, ERICKO
Address 455 NE 24TH STREET
APT 4
City-State-Zip: MIAMI FL 33137

Title VICE-CHAIRMAN, DIRECTOR
Name HITSON, MARY ANNE
Address 5091 NE 7TH PLACE
City-State-Zip: Ocala FL 34470

Title DIRECTOR
Name MEEHAN, JASON
Address 3210 WHEELING COURT
City-State-Zip: LAND O LAKES FL 34638

Title DIRECTOR
Name HACKER, REBECCA
Address 126 MANSFIELD C
City-State-Zip: BOCA RATON FL 33434

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: MAGDALENE CHRULSKI

CHAIRMAN

04/10/2017

Electronic Signature of Signing Officer/Director Detail

Date