


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90053 027 ****61.25

DOCUMENT # N05000008809					
1. Entity Name LOAVES & FISHES OF ECUADOR, INC.					
Principal Place of Business 151 MARY ESTHER BLVD SUITE 301 MARY ESTHER, FL 32569			Mailing Address 151 MARY ESTHER BLVD SUITE 301 MARY ESTHER, FL 32569		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3397682	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RISALVATO, THOMAS J 151 MARY ESTHER BLVD SUITE 301 MARY ESTHER, FL 32569				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEALE, LARRY			NAME	
STREET ADDRESS	8167 STILLWATER COVE			STREET ADDRESS	
CITY-STATE-ZIP	NAVARRE, FL 32566			CITY-STATE-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, DAN			NAME	
STREET ADDRESS	9521 BRENTWOOD BLVD			STREET ADDRESS	
CITY-STATE-ZIP	NAVARRE, FL 32566			CITY-STATE-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISALVATO, THOMAS			NAME	
STREET ADDRESS	PO BOX 3250			STREET ADDRESS	151 MARY ESTHER BLVD. # 301
CITY-STATE-ZIP	FT WALTON BEACH, FL 32543			CITY-STATE-ZIP	MARY ESTHER, FL 32569
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Thomas J. Risalvato</i> THOMAS J. RISALVATO				122-08 850-244-8395	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	