

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007565

FILED
Mar 19, 2009
Secretary of State

Entity Name: WILTON MANORS TASTE OF THE ISLAND, INC.

Current Principal Place of Business:

1809 CORAL GARDENS DRIVE
WILTON MANORS, FL 33306 US

New Principal Place of Business:

Current Mailing Address:

1809 CORAL GARDENS DRIVE
WILTON MANORS, FL 33306 US

New Mailing Address:

FEI Number: 28-0875038 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRENCH, ROBIN E
1809 CORAL GARDENS DRIVE
WILTON MANORS, FL 33306 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: PD () Delete
Name: NOLEN, SHIRLEY
Address: 1743 NE 26TH DRIVE
City-St-Zip: WILTON MANORS, FL 33334 US

Title: SD () Delete
Name: KUNZ, JULIE
Address: 1779 NE 16TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: TD () Delete
Name: FRENCH, ROBIN E
Address: 1809 CORAL GARDENS DRIVE
City-St-Zip: WILTON MANORS, FL 33306 US

Title: D () Delete
Name: ANDREWS, GERARD
Address: 521 NE 21ST COURT
City-St-Zip: WILTON MANORS, FL 33305 US

Title: D () Delete
Name: CLINE, DIANE
Address: 2325 NE 19TH AVENUE
City-St-Zip: WILTON MANORS, FL 33334 US

Title: D () Delete
Name: NEWTON, SCOTT
Address: 1825 NE 27TH DRIVE
City-St-Zip: WILTON MANORS, FL 33306 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MILLER, SHERRY
Address: 2267 SE 11 ST
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NOLEN, RICHARD
Address: 1743 NE 26TH DRIVE
City-St-Zip: WILTON MANORS, FL 33334

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBIN E FRENCH

TD

03/19/2009

Electronic Signature of Signing Officer or Director

Date