

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 706242					
1. Corporation Name FLORIDA SCHOOL FOOD SERVICE ASSOCIATION, INC.					
Principal Place of Business 124 SALEM COURT TALLAHASSEE FL 32301			Mailing Address 124 SALEM COURT TALLAHASSEE FL 32301		

FILED
SEPT-9 PM 1:16
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/04/1963	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6044207	
24 Country		29 Country		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				10. Name and Address of New Registered Agent			
RUDD, FRANK EXECUTOR DIRECTOR C/O FLORIDA SCHOOL SERVICE ASSOC 124 SALEM COURT TALLAHASSEE FL 32301				81 Name Executive Director			
				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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	☒ DELETE		1.1 TITLE	Jero, Linda	☐ Change	☒ Addition
NAME	HASTING, MARGARET			1.2 NAME	3485 Willis Rd		
STREET ADDRESS	4311 N. STANLEY RD			1.3 STREET ADDRESS	Mulberry FL 33860		
CITY-ST-ZIP	PLANT CITY FL			1.4 CITY-ST-ZIP			
TITLE	SD	☐ DELETE		2.1 TITLE	S Zapf, Nancy	☒ Change	☐ Addition
NAME	ZAPF, NANCY			2.2 NAME	7061 Garden Rd		
STREET ADDRESS	7061 GARDEN RD			2.3 STREET ADDRESS	Rivercreek Branch FL 33414		
CITY-ST-ZIP	RIVERCREEK BEACH FL 33404			2.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE		3.1 TITLE	PMullins, Frank	☒ Change	☐ Addition
NAME	MULLINS, FRANK			3.2 NAME	1426 N St		
STREET ADDRESS	1426 19TH ST			3.3 STREET ADDRESS	Vero Beach FL 32966		
CITY-ST-ZIP	VERO BEACH FL 32960			3.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		4.1 TITLE	D Rudd, Frank	☐ Change	☒ Addition
NAME	RUDD, FRANK			4.2 NAME	124 Salem Ct		
STREET ADDRESS	124 SALEM CT			4.3 STREET ADDRESS	Tallahassee 32301		
CITY-ST-ZIP	TALLAHASSEE FL			4.4 CITY-ST-ZIP			
TITLE	P	☒ DELETE		5.1 TITLE	VD Beverly Girard	☐ Change	☒ Addition
NAME	HARRISON, MARY KATE			5.2 NAME	101 Old Venice Rd		
STREET ADDRESS	801 E KENNEDY			5.3 STREET ADDRESS	Osprey, FL 34229		
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change	☐ Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/98 850 878 1832

T.S. 3/15/99

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