

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 706242

1. Entity Name
FLORIDA SCHOOL FOOD SERVICE ASSOCIATION, INC.



FILED

04 AUG -6 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
124 SALEM COURT
TALLAHASSEE, FL 32301

Mailing Address
124 SALEM COURT
TALLAHASSEE, FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06232004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-6044207

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUDY M. LASTER, EXECUTIVE DIRECTOR
124 SALEM COURT
TALLAHASSEE, FL 32301

Name

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

City

800040225648
08/17/04--01005--011 **61.25
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 VD ☒ Delete
NAME JACKSON, SAMUEL
STREET ADDRESS 341 SCO 203 RD AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33144

TITLE VD ☐ Change ☒ Addition
NAME DEBBIE YOUNG
STREET ADDRESS 970 WESTRIDGE DR
CITY-ST-ZIP DEBARY, FL 32713

TITLE S ☐ Delete
NAME STAFFORD, ANNETTE
STREET ADDRESS 900 WALNUT STREET
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE T ☐ Change ☒ Addition
NAME CONNIE MACOMBER
STREET ADDRESS 7227 LAND O' LAKES BLVD
CITY-ST-ZIP LAND O' LAKES, FL 34639

TITLE D ☐ Delete
NAME LASTER, JUDY M
STREET ADDRESS 124 SALEM COURT
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE SD ☒ Change ☐ Addition
NAME ANNETTE STAFFORD

TITLE PD ☐ Delete
NAME DUNHAM, ART
STREET ADDRESS 1530 CHUKAR RIDGE
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☐ Change ☐ Addition

TITLE T ☒ Delete
NAME RAINES, MARY
STREET ADDRESS 20675 SW 162 AVE
CITY-ST-ZIP MIAMI, FL 33187

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Judy M. Laster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-04

Date

850/818-1832

Daytime Phone #