

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90047 017 \*\*\*\*61.25

**DOCUMENT # 706242**

1. Entity Name  
**FLORIDA SCHOOL NUTRITION ASSOCIATION, INC.**



Principal Place of Business  
**124 SALEM COURT  
TALLAHASSEE, FL 32301**

Mailing Address  
**124 SALEM COURT  
TALLAHASSEE, FL 32301**

40011111



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182008 Chg-NP CR2E037 (12/06)

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

**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 reinstalling)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 PD  
NAME TAURELSLEY, TIM ☒ Delete  
STREET ADDRESS 3397 W. THARPE STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32303

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

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

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

TITLE VD  
NAME GILES, THAJUANA ☐ Delete  
STREET ADDRESS 3144 NW 39TH PLACE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

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

TITLE T  
NAME LAKE, MARY ☐ Delete  
STREET ADDRESS 2700 JUDGE FLAN JAMIESON WAY  
CITY-ST-ZIP VIERA, FL 32940

TITLE T, S LAKE, MARY ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME FRANCES, HICKMAN ☐ Delete  
STREET ADDRESS 3764 HOLIDAY RD.  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Judy M. Laster* *JUDY M. LASTER* 1/21/08 (850) 878-1832