

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002654

FILED
Jan 07, 2009
Secretary of State

Entity Name: THE FOOD PANTRY OF GREEN COVE SPRINGS, INC.

Current Principal Place of Business:

1107 MARTIN LUTHER KING JR.
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

PO BOX 696
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-2985082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JETT, JAMES
1107 MARTIN LUTHER KING JR
GREEN COVE SPRINGS, FL 32043 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: C () Delete
Name: JETT, JAMES
Address: PO BOX 698
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S () Delete
Name: BYERS, MAE
Address: 185 OAK DRIVE SOUTH
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MD () Delete
Name: LOVELL, WYNEMA
Address: 900 CYPRESS ST
City-St-Zip: GREEN COVE SPRINGS, FL

Title: VC () Delete
Name: CAMP, HUNTER
Address: PO BOX 277
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TD () Delete
Name: PLOURDE, DONALD J
Address: 3748 CONSTANCIA DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SD () Delete
Name: GOODIN, WILMA
Address: 5207 S HWY 17
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DONALD J. PLOURDE

DIR

01/07/2009

Electronic Signature of Signing Officer or Director

Date