

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706242

FILED  
Jan 28, 2009  
Secretary of State

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

**Current Principal Place of Business:**

124 SALEM COURT  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

124 SALEM COURT  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 59-6044207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JUDY M. LASTER, EXECUTIVE DIRECTOR  
124 SALEM COURT  
TALLAHASSEE, FL 32301 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: D ( ) Delete  
Name: LASTER, JUDY M  
Address: 124 SALEM COURT  
City-St-Zip: TALLAHASSEE, FL 32301

Title: PD ( ) Delete  
Name: GILES, THAJUANA  
Address: 3144 NW 39TH PLACE  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: TS ( ) Delete  
Name: LAKE, MORY  
Address: 2700 JUDGE FLAN JAMIESON WAY  
City-St-Zip: VIERA, FL 32940

Title: VD ( ) Delete  
Name: FRANCES, HICKMAN  
Address: 3764 HOLIDAY RD.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: HICKMAN, FRANCES  
Address: 3764 HOLIDAY RD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TS (X) Change ( ) Addition  
Name: REID, PATRICIA  
Address: 2017 DALTON AVE.  
City-St-Zip: DELTONA, FL 32725

Title: VD (X) Change ( ) Addition  
Name: WOOD, PATRICIA  
Address: 200 N CLARA AVE  
City-St-Zip: DELAND, FL 32720

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: JUDY M. LASTER

D

01/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date