

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011779

Entity Name: LOAVES AND FISHES INTERNATIONAL, INC.**Current Principal Place of Business:**375 N MCCALL ROAD
ENGLEWOOD, FL 34223**Current Mailing Address:**375 N MCCALL ROAD
ENGLEWOOD, FL 34223**FEI Number:** 30-0287759**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VANT HUL, MICHAEL
375 N MCCALL ROAD
ENGLEWOOD, FL 34223 US*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**Officer/Director Detail :**

Title	D
Name	VANT HUL, MICHAEL
Address	375 N MCCALL RD
City-State-Zip:	ENGLEWOOD FL 34223

Title	D
Name	VANT HUL, DEENA
Address	375 N MCCALL ROAD
City-State-Zip:	ENGLEWOOD FL 34223

Title	DST
Name	GALVIN, NANCY
Address	375 N MCCALL ROAD
City-State-Zip:	ENGLEWOOD FL 34223

Title	D
Name	BOCK, PAT
Address	40 CARROLL DRIVE
City-State-Zip:	DILLSBURG PA 17019

Title	D
Name	BOCK, VALORA
Address	40 CARROLL DRIVE
City-State-Zip:	DILLSBURG PA 17019

Title	D
Name	LUFF, KIMBERLY
Address	4335 HAMWOOD STREET
City-State-Zip:	NORTH PORT FL 34287

I hereby 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 all other like empowered.

SIGNATURE: NANCY M GALVIN**DIRECTOR/SEC/TREAS****03/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date