

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008809

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**2627701312CC**

**Entity Name:** LOAVES & FISHES OF ECUADOR, INC.

**Current Principal Place of Business:**

189 EGLIN PKWY, NE  
2ND FLOOR  
FT WALTON BEACH, FL 32548

**Current Mailing Address:**

189 EGLIN PKWY, NE  
2ND FLOOR  
FT WALTON BEACH, FL 32548 US

**FEI Number:** 20-3397682

**Certificate of Status Desired:** No

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

RISALVATO, THOMAS J  
189 EGLIN PKWY, NE  
2ND FLOOR  
FT WALTON BEACH, FL 32548 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 SEALE, LARRY  
Address 8167 STILLWATER COVE  
City-State-Zip: NAVARRE FL 32566

Title D  
Name GODWIN, DAN  
Address 9521 BRENTWOOD BLVD  
City-State-Zip: NAVARRE FL 32566

Title DT  
Name RISALVATO, THOMAS  
Address 189 EGLIN PKWY, NE  
2ND FLOOR  
City-State-Zip: FT WALTON BEACH FL 32548

*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:** THOMAS RISALVATO

**TREASURER**

**02/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date