

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N09000008456

Entity Name: COMMUNITY FOOD BANK OF CITRUS COUNTY, INC.

Current Principal Place of Business:

5259 W CARDINAL STREET
BUILDING B
HOMOSASSA, FL 34446

Current Mailing Address:

5259 W CARDINAL STREET
BUILDING B
HOMOSASSA, FL 34446 US

FEI Number: 80-0459100

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUEKER, DUANE
5259 W CARDINAL STREET
BUILDING B
HOMOSASSA, FL 34446 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: DUANE DUEKER

04/16/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ORLITO, MICHAEL
Address 5259 W CARDINAL STREET
 BUILDING B
City-State-Zip: HOMOSASSA FL 34446

Title VP
Name PONTICOS, STEVE
Address 5259 W CARDINAL STREET
 BUILDING B
City-State-Zip: HOMOSASSA FL 34446

Title TREASURER
Name GRUBER, ED
Address 5259 W CARDINAL STREET
 BUILDING B
City-State-Zip: HOMOSASSA FL 34446

Title SECRETARY
Name HILSDON, STEVEN
Address 5259 W CARDINAL STREET
 BUILDING B
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name BARNES, SEAN
Address 5259 W CARDINAL STREET
 BUILDING B
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name BENNETT, BART
Address 5259 W CARDINAL STREET
 BUILDING B
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name CAPPUCCILLI, JOSEPH
Address 5259 W CARDINAL STREET
 BUILDING B
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name CASH, JOHNNY PAUL
Address 5259 W CARDINAL STREET
 BUILDING B
City-State-Zip: HOMOSASSA FL 34446

Continues on page 2

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: DUANE DUEKER

REGISTERED AGENT

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DUEKER, DUANE
Address 5259 W CARDINAL STREET
BUILDING B
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name KENNEY, JOHN JJ
Address 5259 W CARDINAL STREET
BUILDING B
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name PRENDERGAST, NAOMI
Address 5259 W CARDINAL STREET
BUILDING B
City-State-Zip: HOMOSASSA FL 34446

Title WAREHOUSE MANAGER
Name JONES, SHARON
Address 5259 W CARDINAL STREET
BUILDING B
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name GOETHE, BEV
Address 5259 W CARDINAL STREET
BUILDING B
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name LAMB, JEWEL
Address 5259 W CARDINAL STREET
BUILDING B
City-State-Zip: HOMOSASSA FL 34446

Title EXECUTIVE DIRECTOR, MANAGER
Name AUTRY, JOHN
Address 5259 W CARDINAL STREET
BUILDING B
City-State-Zip: HOMOSASSA FL 34446

Title OFFICE MANAGER
Name FRAMPTON, SUSAN
Address 5259 W CARDINAL STREET
BUILDING B
City-State-Zip: HOMOSASSA FL 34446