

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002995

**Entity Name:** DESOTO COUNTY SCHOOL NUTRITION ASSOCIATION, INC.

**FILED**  
**Apr 07, 2015**  
**Secretary of State**  
**CC2185447585**

**Current Principal Place of Business:**

530 LA SOLONA AVE.  
ATTN FOOD SERVICE  
ARCADIA, FL 34266

**Current Mailing Address:**

530 LA SOLONA AVE.  
ATTN FOOD SERVICE  
ARCADIA, FL 34266

**FEI Number: 32-0308234**

**Certificate of Status Desired: No**

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

CANNON, SUSAN V  
530 LA SOLONA AVE  
ARCADIA, FL 34266 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 P  
Name CANNON, SUSAN V  
Address 530 LA SOLONA AVE  
City-State-Zip: ARCADIA FL 34266

Title S  
Name ANDREWS, PAT  
Address 530 LA SOLONA AVE.  
ATTN FOOD SERVICE  
City-State-Zip: ARCADIA FL 34266

Title T  
Name ANDREWS, PATRICIA  
Address 530 LA SOLONA AVE.  
City-State-Zip: ARCADIA FL 34266

Title VP  
Name CANNON, SUSAN  
Address 530 LA SOLONA AVE  
City-State-Zip: ARCADIA FL 34266

*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: PATRICIA ANDREWS**

**TREASUER**

**04/07/2015**

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

\_\_\_\_\_  
Date