

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002995

Entity Name: DESOTO COUNTY SCHOOL NUTRITION ASSOCIATION, INC.**FILED**
Feb 25, 2020
Secretary of State
4703882785CC**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:**ANDREWS, PATRICIA J
530 LA SOLONA AVE
ATTN FOOD SERVICE
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: PATRICIA J ANDREWS****02/25/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	HAMPTON, SHAWNEE
Address	530 LA SOLONA AVE. ATTN FOOD SERVICE
City-State-Zip:	ARCADIA FL 34266

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

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

Title	VP
Name	SUGGS, SHARLEE
Address	530 LA SOLONA AVE. ATTN FOOD SERVICE
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 J ANDREWS**TREASURER****02/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date