

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

DOCUMENT# N12000004060

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**2357788110CC**

**Entity Name:** SOUTHERN FOOD POLICY ADVOCATES, INC.

**Current Principal Place of Business:**

5991 CHESTER AVENUE  
SUITE 103  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

11538 SUMMER BROOK CT  
JACKSONVILLE, FL 32258

**FEI Number:** 45-5190771

**Certificate of Status Desired:** No

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

WILLIAMS, CECIL B  
11538 SUMMER BROOK CT  
JACKSONVILLE, FL 32258 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 WILLIAMS, CECIL B  
Address 11538 SUMMER BROOK CT  
City-State-Zip: JACKSONVILLE FL 32258

Title S  
Name BRADFORD, CYNTHIA  
Address 3100 UNIVERSITY BLVD SOUTH  
City-State-Zip: JACKSONVILLE FL 32216

Title T  
Name WILLIAMS, GRANT HARRISON  
Address 11538 SUMMER BROOK COURT  
City-State-Zip: JACKSONVILLE FL 32258

*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:** CECIL B. WILLIAMS

**EXECUTIVE DIRECTOR**

**04/30/2019**

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

\_\_\_\_\_  
Date