

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009040

Entity Name: CHILDREN'S HEALTHY PANTRY, INC.**Current Principal Place of Business:**1809 LOMA LINDA STREET
SARASOTA, FL 34239**Current Mailing Address:**1809 LOMA LINDA STREET
SARASOTA, FL 34239 US**FEI Number:** 46-1022470**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BORNSTEIN, JOSEPH P
16321 DAYSAILOR TRAIL
LAKEWOOD RANCH, FL 34202 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 EXECUTIVE DIRECTOR
Name MORIN, SUSAN
Address 1809 LOMA LINDA STREET
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR
Name HALEY, JACK
Address 2635 BAY STREET
City-State-Zip: SARASOTA FL 34237

Title VP
Name BLUM, CAROLYN
Address 5531 CANNES CIR, #503
City-State-Zip: SARASOTA FL 34231

Title C,BOD,P
Name KATZ, RABBI JONATHAN
Address 4900 FALLCREST CIRCLE
City-State-Zip: SARASOTA FL 34239

Title D
Name COHEN, NANCY
Address 1681 BAHIA VISTA STREET
City-State-Zip: SARASOTA FL 34239

Title D,T
Name TAXDAL, JACKIE
Address 1906 42ND STREET
City-State-Zip: BRADENTON FL 34202

Title D
Name BORNSTEIN, JOSEPH P
Address 16321 DAYSAILOR TRAIL
City-State-Zip: LAKEWOOD RANCH FL 34202

Title D
Name GORELICK, PHIL
Address 856 FORESTVIEW DRIVE
City-State-Zip: SARASOTA FL 34232

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: JOSEPH P. BORNSTEIN**DIRECTOR****02/13/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title D
Name PETRO, BENJAMIN
Address 4428 ALADDIN AVENUE
City-State-Zip: NORTH PORT FL 34287

Title SECRETARY
Name MCLAUGHLIN, ELLEN
Address 4430 BENEVA ROAD
City-State-Zip: SARASOTA FL 34233