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

FILED Feb 13, 2019

Secretary of State

4779668055CC

Officer/Director Detail:

Title **EXECUTIVE DIRECTOR** Title DIRECTOR MORIN, SUSAN Name Name HALEY, JACK 1809 LOMA LINDA STREET 2635 BAY STREET Address Address City-State-Zip: SARASOTA FL 34237 SARASOTA FL 34239 City-State-Zip:

Title VP Title C,BOD,P

NameBLUM, CAROLYNNameKATZ, RABBI JONATHANAddress5531 CANNES CIR, #503Address4900 FALLCREST CIRCLECity-State-Zip:SARASOTA FL 34231City-State-Zip:SARASOTA FL 34239

Title D Title D,T

NameCOHEN, NANCYNameTAXDAL, JACKIEAddress1681 BAHIA VISTA STREETAddress1906 42ND STREETCity-State-Zip:SARASOTA FL 34239City-State-Zip:BRADENTON FL 34202

Title D Title D

Name BORNSTEIN, JOSEPH P Name GORELICK, PHIL

Address 16321 DAYSAILOR TRAIL Address 856 FORESTVIEW DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202 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 Title SECRETARY

NamePETRO, BENJAMINNameMCLAUGHLIN, ELLENAddress4428 ALADDIN AVENUEAddress4430 BENEVA ROADCity-State-Zip:NORTH PORT FL 34287City-State-Zip:SARASOTA FL 34233