

**2020 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:**BOWMAN, SHAWN  
3906 GATEWOOD DRIVE  
SARASOTA, FL 34232 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: SHAWN BOWMAN****01/28/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title PRESIDENT  
Name BECKUM, KAMERON  
Address 5913 30TH CT E  
City-State-Zip: ELLENTON FL 34222

Title VP  
Name BOWMAN, SHAWN  
Address 3806 GATEWOOD DRIVE  
City-State-Zip: SARASOTA FL 34232

Title TREASURER, DIRECTOR  
Name BECKUM, GINA  
Address 5913 30TH CT E  
City-State-Zip: ELLENTON FL 34222

*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: CAROLYN BLUM****DIRECTOR****01/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date