

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35416

Entity Name: F.E.A.S.T., INC.**Current Principal Place of Business:**2255 NEBRASKA AVE.
PALM HARBOR, FL 34683**Current Mailing Address:**2255 NEBRASKA AVE.
PALM HARBOR, FL 34683 US**FEI Number:** 59-2981961**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BLACK, TAMARA
1425 EIGHTH STREET
PALM HARBOR, FL 34683 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	DIRECTOR
Name	LYNFORD, ERICA
Address	2658 MIDLAND CT.
City-State-Zip:	PALM HARBOR FL 34684

Title	SECRETARY
Name	ROBERTS, DELAINE
Address	862 CHRISTINA CIR
City-State-Zip:	OLDSMAR FL 34677

Title	PRESIDENT
Name	POWERS, JAY
Address	109 PHILLIPS WAY
City-State-Zip:	PALM HARBOR FL 34683

Title	DIRECTOR
Name	HENNINGSSEN, CINDY
Address	719 SAMANTHA DRIVE
City-State-Zip:	PALM HARBOR FL 34683

Title	DIRECTOR
Name	LAIRD, KAREN
Address	2208 CIMMARRON TERRACE
City-State-Zip:	PALM HARBOR FL 34683

Title	DIRECTOR
Name	BRIGHTWELL, RONALD
Address	3127 S. CANAL DRIVE
City-State-Zip:	PALM HARBOR FL 34684

Title	TREASURER
Name	MCWHIRTER, DANA
Address	610 N. MAYO ST. 114,
City-State-Zip:	CRYSTAL BEACH, FL 34681

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: FEAST FOOD PANTRY JAY POWERS

FEAST, INC.

03/06/2025

Electronic Signature of Signing Officer/Director Detail_____
Date