

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702085

FILED
Jan 29, 2007
Secretary of State

Entity Name: FLORIDA SECTION OF THE INSTITUTE OF FOOD TECHNOLOGISTS, INC.

Current Principal Place of Business:

359 FSHN BLDG
NEWELL DR
GAINESVILLE, FL 32611 US

New Principal Place of Business:

700 EXPERIMENT STATION RD
LAKE ALFRED, FL 33850 US

Current Mailing Address:

359 FSHN BLDG
NEWELL DR
GAINESVILLE, FL 32611 US

New Mailing Address:

700 EXPERIMENT STATION RD
LAKE ALFRED, FL 33850 US

FEI Number: 59-6158921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, KEITH
359 FSHN BLDG
NEWELL DR
GAINESVILLE, FL 32611 US

Name and Address of New Registered Agent:

REYES, JOSE
700 EXPERIMENT STATION RD
LAKE ALFRED, FL 33850 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: JOSE REYES

01/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: CLEMENT, LARRY
Address: 3437 SW 24TH AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: T () Delete
Name: SCHNEIDER, KEITH DR.
Address: 359 FSHN BLDG NEWELL DR
City-St-Zip: GAINESVILLE, FL 32611

Title: VP () Delete
Name: DAGAN, GILLIAN DR.
Address: 3437 SW 24TH AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: P () Delete
Name: BAKER, GEORGE
Address: 3437 SW 24TH AVE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JOSE, REYES DR.
Address: 700 EXPERIMENT STATION RD
City-St-Zip: LAKE ALFRED, FL 33850

Title: P (X) Change () Addition
Name: GILLIAN, DAGAN DR.
Address: 3437 SW 24TH AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: VP (X) Change () Addition
Name: JEANETTE, FEATHER
Address: 7404 W COUNTY LINE RD.
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSE REYES

T

01/29/2007

Electronic Signature of Signing Officer or Director

Date