## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 702085**

FILED Jun 25, 2008 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 700 EXPERIMENT STATION RD LAKE ALFRED, FL 33850 **Current Mailing Address: New Mailing Address:** 700 EXPERIMENT STATION RD LAKE ALFRED, FL 33850 FEI Number: 59-6158921 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REYES, JOSE 700 EXPERIMENT STATION RD LAKE ALFRED, FL 33850 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CLEMENT, LARRY Name: Name: Address: 3437 SW 24TH AVE Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: Title: () Delete Title: () Change () Addition JOSE, REYES DR. Name: Name: Address: 700 EXPERIMENT STATION RD Address: City-St-Zip: LAKE ALFRED, FL 33850 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GILLIAN, DAGAN DR. Name: MARY, KETIH DR. Name: 3437 SW 24TH AVE 5339 COUNTY ROAD 579 Address: Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: SEFFNER, FL 33584 33 Title: (X) Delete Title: () Change () Addition JEANETTE, FEATHER Name: Name: 7404 W COUNTY LINE RD. Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 I REYES T 06/25/2008