

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702085

**FILED**  
**May 02, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3437 SW 24TH AVE  
GAINESVILLE, FL 32607 US

**New Principal Place of Business:**

**Current Mailing Address:**

3437 SW 24TH AVE  
GAINESVILLE, FL 32607 US

**New Mailing Address:**

**FEI Number:** 59-6158921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLEMENT, LARRY E  
3437 SW 24TH AVE  
GAINESVILLE, FL 32607 US

**Name and Address of New Registered Agent:**

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:**

Title: T  
Name: CLEMENT, LARRY  
Address: 3437 SW 24TH AVE  
City-St-Zip: GAINESVILLE, FL 32607

Title: S  
Name: JOSE, REYES DR.  
Address: 700 EXPERIMENT STATION RD  
City-St-Zip: LAKE ALFRED, FL 33850

Title: P  
Name: MARY, KETIH DR.  
Address: 5339 COUNTY ROAD 579  
City-St-Zip: SEFFNER, FL 33584 33

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:** LARRY CLEMENT

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05/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date