

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:08

DOCUMENT # 706242 (5)
1. Corporation Name
FLORIDA SCHOOL FOOD SERVICE ASSOCIATION, INC.

Principal Place of Business Mailing Address
124 SALEM COURT 124 SALEM COURT
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/04/1963 3a. Date of Last Report 04/01/1994
4. FEI Number 59-6044207 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24

9. Name and Address of Current Registered Agent

RUDD, FRANK EXECUTOR DIRECTOR
C/O FLORIDA SCHOOL SERVICE ASSOC
124 SALEM COURT
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD
NAME STRICKLAND, PAT
STREET ADDRESS 817 OSCEOLA BLVD
CITY-ST-ZIP KISSIMMEE FL
TITLE VP
NAME BAILEY, THHA
STREET ADDRESS 11111 S. BELCHER RD
CITY-ST-ZIP LARGO FL
TITLE SD
NAME EHRHART, SUSAN
STREET ADDRESS PO BOX 391
CITY-ST-ZIP BARTOW FL
TITLE VD
NAME MORROW, CAROLYN
STREET ADDRESS 2055 CENTRAL AVENUE
CITY-ST-ZIP FT. MYERS FL
TITLE D
NAME RUDD, FRANK
STREET ADDRESS 124 SALEM CT
CITY-ST-ZIP TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer TD ☒ Change ☐ Addition
1.2 NAME Frank Mullins
1.3 STREET ADDRESS 1490 25th Street
1.4 CITY-ST-ZIP Vero Beach FL 32960
2.1 TITLE President ☒ Change ☐ Addition
2.2 NAME Bailey, Etha
2.3 STREET ADDRESS 11111 S. Belcher Rd
2.4 CITY-ST-ZIP Largo FL 34643-5204
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE V D ☒ Change ☐ Addition
4.2 NAME Thorson, Beth
4.3 STREET ADDRESS 7061 Garden Rd
4.4 CITY-ST-ZIP Riviera Beach FL 33404
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Rudd

2/2/95 904/878/1832